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④ **Blue Cross-Blue Shield**  
**NONGROUP**  
**COVERAGE**  
**FOR**  
**OLDER**  
**PEOPLE**



**U.S. DEPARTMENT**  
**HEALTH, EDUCATION, AND WELFARE**  
Social Security Administration  
Division of Research and Statistics

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④ BLUE CROSS-BLUE SHIELD NONGROUP COVERAGE FOR OLDER PEOPLE

A study of nongroup initial enrollment contracts made available during the fall of 1962 and early winter of 1963.

by

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## FOREWORD

Private health insurance organizations in recent years have shown an increased awareness of the health cost financing problems of older persons. Early in 1962 the Blue Cross and Blue Shield announced a nationwide effort would be made later that year to make available to older people throughout the Nation a certain level of health insurance coverage. This study describes in some detail the nongroup initial enrollment contracts actually offered by the Blue Cross-Blue Shield plans to older people during the fall of 1962 and early winter of 1963. It compares these coverages with the nongroup contracts made available to the aged prior to October 1962 and with the recommended standards for plan offerings. Information is not available on the number of older people who have been enrolled under these newer contracts. However, estimates newly developed by the Blue Cross and Blue Shield Associations of total enrollment of persons aged 65 and over show a significantly smaller increase in total enrollment during 1962 than had occurred during 1961, particularly in the case of Blue Cross. The figures are given at the end of the Introduction and Summary of this report.

The Social Security Administration would like to express its thanks to the Blue Cross Association and the National Association of Blue Shield Plans for these estimates and for earlier providing copies of the relevant contracts and brochures issued by the respective individual plans, as well as for their careful review of a preliminary draft of the tables and the text describing the contracts.

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## I. INTRODUCTION AND SUMMARY

### BACKGROUND

Early in January 1962 the House of Delegates of the American Hospital Association and representatives of the member plans of the Blue Cross Association held a special meeting to determine the policy of the two organizations with respect to the Administration (King-Anderson) proposal for hospital care of the aged under social security.

The two organizations decided to develop a "Blue Cross National Open Enrollment Program" under which a broad coverage of hospital care, with nursing home and visiting nurse benefits, would be made available to all aged persons at a uniform national rate of \$10-12 a month. It was recognized that "governmental assistance is necessary to effectively implement this national Blue Cross proposal in order to enable many retired aged persons to purchase this health protection."<sup>1/</sup> The American Hospital Association stated that "the tax source of the funds is of secondary importance to us," provided administration of the proposed plan is by Blue Cross.

Later in the same month officials of the American Medical Association and the National Association of Blue Shield plans jointly announced that the Blue Shield plans would likewise offer to aged persons a national uniform contract for surgical medical insurance. This contract, it was stated, would pay the full cost of surgical

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<sup>1/</sup> Policy statement voted by the House of Delegates of the American Hospital Association, January 4, 1962.

and in hospital medical services for single aged persons with incomes under \$2,500 and aged couples with incomes under \$4,000. The subscription cost would be approximately \$3.00 monthly. Unlike the proposed Blue Cross national contract for the aged, it was stated that the "new program neither asks for nor requires a Federal subsidy." 2/

The Blue Cross and Blue Shield Associations subsequently appointed task forces to work out the details of the proposed national uniform contracts which were to be offered jointly, to determine firm subscription costs, and to develop the necessary interplan cooperative relationships and the assent of hospital and medical associations, where necessary. 3/

After several months of intensive efforts on the part of both the Blue Cross and Blue Shield Associations and the individual plans, both organizations came to the conclusion that nationally uniform contracts at uniform rates could not be offered. Uniform national contracts would present problems to the individual plans because of differences between such contracts and those currently offered to the population by each plan in its own area. Apparently the cooperative relationships among the plans were not strong enough to support national underwriting of a uniform program and in some areas the necessary assent and cooperation of hospitals and medical societies could not be obtained. Accordingly, the idea of a nationally uniform

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2/ News release from the American Medical Association, January 18, 1962.

3/ The details of a national contract were set forth in "Financing Health Care for the Aged, a Proposed Statement of Policy by Blue Cross Plans and the American Hospital Association, Appendix 1, Chicago, January 3, 1962." In the discussion below, the specifications of this proposal which differed from the standards subsequently recommended are indicated.

program--with uniform benefits, rates, and terms of enrollment--  
was abandoned.

In its place each of the two Associations and their member plans decided that each plan should individually develop and make available to all aged persons within its area one or more nongroup enrollment contracts which would meet as closely as possible certain standards to be developed by the governing boards of the two Associations. The plans were to endeavor to offer such contracts during the fall of 1962.

The standards recommended by the Board of Governors of the Blue Cross Association provided for two hospital programs or contracts--a 70-day and a 30-day program. The 70-day program, it was stipulated, should provide:

-- 70 days of in-hospital benefits covering, on the average, not less than 75 percent of the total amounts billed for usual and customary hospital services rendered to inpatients in semiprivate accommodations.

(The proposed national contract would have covered the full cost of bed and board in rooms of three or more beds and 85 percent of room costs in semiprivate room accommodations, and all the special services usually provided and billed by the hospital.)

-- At least 30 days coverage per year of mental illness and tuberculosis cases in member hospitals.

-- Care in skilled nursing facilities meeting specified standards, these benefits to be provided only if the patient entered the skilled nursing facility within 14 days of discharge from the hospital, and on the basis of 2 days of nursing home care for each unused day of inpatient hospital care.

-- Visiting nurse benefits, to be available to patients on referral of the attending physician, and to be provided for the unused portion of hospital days on a two for one basis.

(The proposed national plan included emergency accident care, use of hospital facilities for surgical procedures performed in the outpatient department, and X-ray and radiation therapy. The standards specified that outpatient benefit provision may follow local practices.)

To allow time for setting up administrative, listing and accreditation arrangements, it was agreed that the nursing home and visiting nurse benefits would not have to be provided until 6 months after other benefits had been made available.

The contracts might exclude coverage of preexisting conditions for a waiting period of 6 months, but there was to be no exclusion of specific conditions after this waiting period. Enrollment was to be offered to all aged persons irrespective of age or condition of health.

The 30-day program would offer a lower level of benefits at a lower cost.

The plans were to offer such contracts during an "open enrollment" period of 2 weeks or more, during which all aged persons would be accepted regardless of age or condition of health.

The recommended standards developed by the governing board of the National Association of Blue Shield plans provided for:

- Coverage of surgical service wherever performed;
- Anesthesia service when rendered and billed by a physician;
- In-hospital medical care for 70 days per admission in general illness and for 30 days per year in cases of tuberculosis or mental illness;
- Visits to patients in nursing homes limited to one visit per week for up to 13 weeks;



- Radiation therapy wherever rendered;
- X-ray, laboratory and pathological examinations for hospitalized patients when billed by a physician;
- X-ray examinations in outpatient departments and doctors' offices as required for care of accident cases within 72 hours of the accident.

No physical examination was to be required for enrollment, and preexisting conditions were to be covered after a 6-months' waiting period. The above services were to be provided on a paid-in-full basis for single persons with an income of \$2,500 a year or less and for husband and wife with a combined income of under \$4,000 a year or less; to other aged subscribers the physician could make an extra charge for his services. Contracts meeting or exceeding these recommended standards, or approaching them as closely as possible, were to be offered to the aged during the fall of 1962.

In conformity with this plan of procedure, most of the Blue Cross and Blue Shield plans proceeded to develop new nongroup initial enrollment contracts to be offered to aged persons.

SUMMARY

The following section (section II) of this monograph describes the nongroups initial enrollment contracts actually made available to aged persons by the individual plans during the period October 1, 1962, to January 28, 1963, the cutoff date for this study. <sup>4/</sup> During this

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<sup>4/</sup> This study deals only with contracts made available to older persons for nongroup initial enrollment. The Blue Cross and Blue Shield plans, with the possible exception of a few small ones, will accept older persons as members of employed groups, and all will convert to nongroup coverage older persons who, on retirement or otherwise, leave employed groups. Such contracts are, in general, more favorable, from a cost standpoint, than those described here, although in many cases the newer contracts provide certain benefits, e.g., those for nursing home care and visiting nurse service, not previously

period, 73 of the 77 Blue Cross plans and 67 of the 70 Blue Shield plans offered nongroup initial enrollment coverage to older persons. Benefits, premium costs and terms of enrollment varied widely from plan to plan. A small proportion of the plans offered virtually the same contracts as had previously been made available; a few offered new contracts with reduced benefits; the great majority, however, offered new contracts providing more comprehensive benefits than formerly, and generally, at much higher rates than under former contracts of the same nature. The median subscription rate for the combined Blue Cross-Blue Shield coverage under the plans offered was \$146 annually for a single person, equivalent to \$292 for a couple.

Section III compares the nongroup contracts offered to the aged during this period with the nongroup initial enrollment contracts previously offered to the aged, i.e., as of or prior to October 1, 1962. Seventy three Blue Cross plans and 67 Blue Shield plans made nongroup initial enrollment available to aged persons, generally during a limited "open" period between October 1, 1962, and January 28, 1963. Twenty three of the Blue Cross plans and 14 of the Blue Shield plans had not previously made such enrollment available to the aged. There is no question but that in terms of benefits, acceptance of applicants without regard to condition of health and waiting periods, the newer contracts were, by and large, greatly superior to the old. But the rates charged were greatly increased in most instances.

For example, the median rate for the hospital coverages offered in the fall and winter of 1962-3 (\$112 a year) was 70 percent higher than the median rate on hospital coverages offered previously (\$66).

Section IV compares the coverages offered with the respective standards recommended by the two Associations. Twenty-seven of the Blue Cross plans and 24 of the Blue Shield plans offered coverages which met the recommended standards in all respects. Many of the plans which offered coverage fell short of the standards in only one or two respects while meeting them in all others. It is worth noting, however, that only 30 Blue Cross plans under their most favorable contract provided full service benefits in semiprivate room accommodations--the benefit traditionally offered by Blue Cross.

Even the best of the combined Blue Cross-Blue Shield coverages offered would cover no more than 40 to 50 percent of the average total medical costs of aged persons, and many would cover a smaller proportion. The subscription rates charged must be evaluated in light of this situation. An annual charge of \$160 or \$180 a year for a single person and \$300 or \$360 for a couple--the general range of rates for the comparatively broader benefit packages--is substantial in relation to the incomes of most aged persons.

Unfortunately, it has not been possible to obtain any information on the number of persons who actually enrolled for the new coverages. Such data would, of course, provide the best guage of the contribution of these contracts towards assuring adequate health insurance coverage of the aged.

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The Blue Cross Association, in response to a request for such data, responded that it did not have the necessary information to segregate purchases of the newer contracts. It did provide estimates of the total number of aged enrolled as of December 1959, November 30, 1961, and January 1, 1963. These were as follows:

December 1959	4,300,000
November 30, 1961	5,100,000
January 1, 1963	5,313,771

How much of the 214,000 gain in enrollment between November 30, 1961, and January 1, 1963, occurred after October 1, 1962, is not known. However, the average monthly increase during the entire period was only about 16,000 as compared with an average monthly increase of 35,000 in the previous 2 years. During the latter period the total number of aged persons in the population increased by about 275,000.

The National Association of Blue Shield Plans also made available estimates of total aged enrollment, as follows:

December 31, 1959	2,254,000
June 30, 1961	3,230,000
December 21, 1962	4,020,500

Again, the increase in the period from mid-1961 to the end of 1962 was less than that in the previous 18 months. However, the dropping off was less than in the case of Blue Cross enrollment.

It is possible that the newer contracts attracted more purchasers after January 1, 1963. In providing the estimates presented above, the Blue Cross Association noted that while "some of the plans expanded their benefits, others have acted only recently as the result of delays



in regulatory authority approval or greater deliberation than elsewhere in developing qualitative criteria, for example, dealing with nursing homes. Four large plans offered expanded programs this summer. One large plan was given approval only a matter of weeks ago. Some of the plans have reoffered their expanded programs this year."

While it may be said that the full story is not yet in, the available evidence would suggest that relatively few aged persons have thought they could afford these coverages at the price offered.

## II. TERMS AND CONDITIONS OF CONTRACTS ACTUALLY MADE AVAILABLE

This section describes the nongroup initial enrollment coverages actually made available to older persons by Blue Cross and Blue Shield plans during the fall of 1962 and up to January 28, 1963, the cutoff date for this study. The hospital coverage made available is first described, then the surgical-medical coverage. Since a few Blue Shield plans offer hospital coverage and a few Blue Cross plans offer surgical-medical coverage, it is necessary to describe the contracts made available by both types of plans under each heading. Subsequently the rates charged by the two types of plans for the combined hospital-surgical-medical coverage will be shown.

The information set forth here was derived from copies of contracts and brochures of the individual plans. Analysis of a large number of plan contracts is a complex undertaking in which some error or misinterpretation is almost unavoidable. In order to assure as complete accuracy as possible, preliminary drafts of the tables and text describing the coverages were sent to the respective Blue Cross and Blue Shield National Associations for factual review. Their corrections and clarifying changes have been incorporated in the data and analyses presented here.

No information was obtained on the extent to which, through advertising or other means, the plans actually promoted the sale of the contracts made available.

## HOSPITAL CONTRACTS

During the fall of 1962 and up to January 28, 1963, 73 of the 77 Blue Cross plans in the United States and Puerto Rico made available nongroup initial enrollment to older persons.<sup>5/</sup> (Prior to October 1, 51 plans had made nongroup coverage available to the aged--section III describes the programs previously offered.) Of the four plans (Jamestown, New York; Maine, Michigan, and Puerto Rico) which did not offer enrollment in that period, two (Jamestown, New York, and Michigan) were planning to offer such coverage when the approval of the State Insurance Department was obtained. The Michigan plan had previously offered such coverage. The Maine Blue Cross plan refused to offer any nongroup initial coverage to older persons. Health Service, Inc., and Medical Indemnity of America, Inc., (insurance companies owned by the Blue Cross and Blue Shield associations, respectively) accepted for enrollment on a nongroup basis aged persons in that State who during the fall of 1962 applied to the Maine plan for coverage. The Blue Cross plan of Puerto Rico was unable to offer coverage of this type.

Most of the plans, especially the Blue Cross plans, offered two contracts with different levels of benefits. This description is limited, in each such case, to the contract with the higher level of benefits.

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<sup>5/</sup> In general the past tense is used in discussing these contracts. The contracts were made available during the specified period, generally during an "open enrollment" period, as set by each plan, usually of 2 or 4 weeks.

Days of Care--Of the 73 Blue Cross plans which provided nongroup initial enrollment for aged persons during the period under discussion, 53 made available contracts providing 70 or more days of coverage for general conditions per admission or per year (table 1). Of the remaining plans, 3 provided coverage for 50 to 70 days, 14 for 30 or 31, and 1 for 21 days.

The extent of coverage provided for mental illness or tuberculosis cases was generally less than that provided for general illness. Sixty-four contracts provided some coverage of mental illness, 54 of these limiting coverage to 40 days or less of care. Fifty-seven contracts had provisions for coverage of tuberculosis cases, but care was limited to under 40 days in 39 of these. The distribution of these plans according to days of coverage provided was as follows:

Days	Mental Illness	Tuber- culosis
Total.....	64	57
70 or more.....	7	13
60 - 69.....	3	3
50 - 59.....	--	--
40 - 49.....	--	--
30 - 39.....	51	36
20 - 29.....	1	2
Less than 20.....	2	3

The above provisions relate only to care provided in general hospitals for these two types of conditions. Some of the plans also provided the same coverage in mental or tuberculosis hospitals. However, no tabulation was made of this because of the difficulty of determining from the contracts whether or not care was provided for

these two conditions in public and private mental or tuberculosis hospitals. It is clear that a substantial majority of the plans provided coverage for these two types of illnesses only in general hospitals.

Deductibles, Room Accommodations and Room Allowances--Of the 73 plans, 20 had a deductible of one type or another, i.e., required the aged subscriber to pay directly to the hospital a certain amount--usually \$25 or \$20--in each admission or benefit year, or to pay a specified amount for each day of care, or both. The remaining plans had no deductible.

Of the 73 plans which offered nongroup initial enrollment coverage to the aged during this period, 30 under their most favorable contract provided semiprivate room accommodations and 3 provided ward accommodations. The remainder provided \$1 allowance against the daily service charge. These allowances ranged from \$8 to \$22 per day. For 6 plans the amount was \$18 or more, for 14 plans \$12 to \$17 and for 7 from \$8 to \$11. An additional 13 plans pay the charge for ward or semiprivate accommodations up to a fixed amount per day or pay 75 or 80 percent of the cost of these accommodations.

The higher level contracts providing care for 70 days or more covered full daily service charges to about the same degree as those higher level contracts which had fewer days of coverage. The figures are as follows:



Days of coverage	All plans	Plans without deductible or coinsurance	Plans providing full coverage of cost of semiprivate or ward accommodations
Total.....	73	53	33
70 or more.....	55	41	23
40 to 70.....	3	2	1
30 or 31.....	14	9	8
21.....	1	1	1

Hospital Ancillary Services--There are over 15 of such ancillary services--use of operating room, use of recovery room, special diets, provision of drugs, dressings, splints and casts, etc., X-ray examinations, X-ray therapy, other radiation therapy, pathology examinations, laboratory examinations, anesthesia service, oxygen therapy, physical therapy, etc. It was not considered worthwhile to make detailed tabulations of the coverage provided for all these services both because of the great detail involved and because analysis of the coverage of certain principal services--X-ray diagnosis, X-ray or radiation therapy, pathology examinations and anesthesia service--is not meaningful apart from coverage of these same services provided by Blue Shield. In some areas, one or another or all of these services are regarded as hospital services and therefore as services to be covered by Blue Cross, and in other areas are regarded as medical services and therefore as services to be covered by Blue Shield. In some cases the two types of plans jointly cover these services. In the case of anesthesia services, the general pattern is for Blue Cross to cover use of equipment and anesthesia service provided by hospital employees;

Blue Shield to cover services provided and billed for by private physicians. It may be assumed that in almost all cases, between Blue Cross and Blue Shield there is some provision for coverage of these services. (It will be recalled that the standards recommended by the Blue Cross Association specified only that the individual Blue Cross plans cover those services customarily provided and charged for by hospitals.)

Accordingly, the analysis went no further than to ascertain that the specific ancillary services covered by the respective Blue Cross plans were or were not subject to dollar limits or coinsurance provisions. For 45 of the 73 plans providing nongroup coverage to older persons, ancillary services specified as covered by the respective plans were provided without dollar limitations in either form; 28 plans provided specified ancillary services up to stated dollar limits or included coinsurance provisions.

Nursing Home Benefits--Nursing home benefits were provided by 36 of the 73 plans. Two other plans also made nursing home benefits available to older people but only under prolonged illness or major medical riders.

Table 2 gives a detailed description of the nursing home provisions. In general, nursing home benefits are available on the basis of 2 days of nursing home care for every unused day of hospital care. In the great majority of the cases (31 out of 36 plans) nursing home care is available only after discharge from a hospital, and within a specified period (generally 14 days) after such discharge.

Only a few of the plans with nursing home benefits will pay the full cost of care in participating nursing homes, i.e., nursing homes with which they contract. Some will pay the cost up to specified limits ranging from \$5 to \$10 a day, while others will pay only 60 to 80 percent of the charges for care up to the specified per diem limits. Benefits in nonparticipating homes consist of dollar allowances, or payment of a certain portion of the charge up to fixed limits.

Of the 36 plans with nursing home benefits, a majority, 22 plans, require that older persons must have been enrolled for 6 months before any nursing home benefits will be available.

The great majority of plans list standards for nursing homes in which they will provide care, and in general these standards are such that only facilities providing skilled nursing care could qualify. About two-thirds or three-fourths of the plans specified that the home must be one listed by the American Hospital Association and accredited by the Joint Commission on Accreditation of Hospitals and Related Facilities.<sup>6/</sup>

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<sup>6/</sup> At the time the plans were developing and offering these contracts, i.e., during the fall of 1962 and through January 1963, the Joint Commission on Accreditation of Hospitals and Related Facilities was working on plans for a program for accreditation of nursing homes. Subsequently, the American Medical Association withdrew from this program and later, with the American Nursing Home Association, announced a jointly-sponsored national accreditation program for nursing homes to be operated by the two associations.

Since there is currently no program for accreditation of nursing homes by the Joint Commission on Accreditation of Hospitals and Related Facilities, it is understood that the Blue Cross plans which have contracted to provide care in nursing homes so

(continued)



Visiting Nurse Benefits--Visiting nurse benefits were provided by 33 of the 73 plans (see table 3). These benefits are generally available on the basis of two visits for each unused day of hospital care. However, three plans provide up to a specified maximum number of visits--30 or 70 visits per year--irrespective of days of hospital care used or unused. Of the plans with visiting nurse benefits, 21 cover in full the cost of nurse visits provided by contracting visiting nurse associations, the remaining 12 plans pay the cost of such services up to fixed limits, e.g., \$3 or \$4 per visit. (Visiting nurse benefits are generally available either through contract between the plan and a visiting nurse association or a contract between a participating hospital and such an association.) Twenty of the 33 plans with visiting nurse benefits provide such benefits only after a member has been hospitalized and usually only for the condition or conditions for which the member was

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6/ (continued)

accredited have set up or are proceeding to set up procedures of their own for determining qualified nursing homes, including as one such standard approval for listing by the American Hospital Association. According to information supplied by the Blue Cross Association, no aged subscriber is being denied nursing home care by virtue of the breakdown of the Joint Commission's program for accreditation. The Blue Cross Association has formally requested the American Hospital Association to develop, by itself or in conjunction with qualified organizations, a program for accreditation of nursing homes.

In its 1962 Directory (Hospitals, Guide Issue, August 1, 1962) the Association listed 272 "Inpatient Care Institutions Other Than Hospitals" with a total of 22,554 beds. Since then, according to listings published from time to time in Hospitals, the Association has approved for registration some 299 other institutions of the same nature. The approximately 600 nursing homes presently listed by the AHA constitute only a very small fraction of all existing nursing homes.

hospitalized; 10 specify that care is available only immediately after hospital discharge or within 14 days of such discharge. In the case of 15 plans, visiting nurse benefits are available only after 6 months of enrollment.

Enrollment Provisions--Of the 73 plans which made nongroup enrollment available during the fall of 1962 and early winter of 1963, 54 plans did so through an open enrollment period of usually 2 weeks or 1 month. During this open enrollment period these plans accepted all aged applicants without requiring a health statement, i.e., irrespective of age or condition of health. Precise information was not in all cases available as regards the enrollment practices of the other 19. Some of these had an open enrollment period but required a health statement, which they might use to reject applicants considered to be especially poor risks. Still others accept older people at any time but only on the basis of a health statement, i.e., presumably rejecting those considered to be especially poor risks.

Except in a few instances the brochures or other literature made available for each plan did not indicate what the policy of the plan would be with respect to future enrollment periods for older people. In the past, plans doing community enrollment, i.e., making nongroup enrollment available to all applicants during a specified period, have generally held such periods once or twice a year. Whether a similar policy will be followed for older persons, is not known.

Of the 73 plans, 66 imposed a waiting period for preexisting conditions (6 months in the case of 40 plans, 7-9 months for 9 plans, 10-12 months for 14 plans and over 12 months in the case of 3 plans). Four plans cover preexisting conditions without any waiting period and three plans exclude coverage of these conditions altogether.

Subscription Rates--As regards rates charged for the hospital coverage, 21 of the 73 Blue Cross plans did not quote a rate for hospital coverage alone but quoted only a rate for combined hospital-surgical-medical coverage, the medical-surgical coverage being offered by the affiliated Blue Shield plan or, in a few cases, by the Blue Cross plan itself (see table 1). Among the 53 plans which quoted a rate on hospital coverage by itself, the rates charged ranged from \$51.60 a year per person (Maryland) to \$174.60 (Illinois).<sup>7/</sup> The distribution of these plans according to the rate charged a single person for the broader benefit hospital plan was as follows:

Rate per year	Number of plans
Total.....	53
Under \$80.....	12
\$80 - 99.....	10
\$100 - 119.....	11
\$120 - 139.....	15
\$140 and over.....	5

Generally, but not always, the rate charged for a couple or family was twice the rate for a single person.

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<sup>7/</sup> That the total of plans, or more accurately contracts, here discussed amounts to 74 is due to the fact that the Washington (State) Blue Cross plan offers only hospital coverage in Washington but in Alaska offers a combined hospital-surgical-medical coverage at a single rate.

The very large variation in rates here shown (see table 1) was due to a variety of factors. In most cases plans with low rates offer a relatively restricted contract and plans with high rates a more inclusive contract, though there are notable exceptions. However, there are other factors. One is hospital costs--average per diem hospital expense in some States runs a third to a half higher than in other States. Another is hospital utilization rates--days of care annually per 1,000 participants--some plans have rates over 50 percent higher than other plans. Still another factor is the extent to which the coverage offered older people is priced to stand on its own financial feet or is, in effect, subsidized by the plan's other subscribers. Where a plan (such as the Cleveland, Ohio plan) has enrolled a high proportion of the population of its area and has regularly in the past held open enrollment periods for people of all ages, it can afford to enroll additional aged at lower rates than a plan not so situated. Another factor accounting for the wide variation in rates is that while many plans offered new contracts--generally at sharp increases in rates--other plans kept their old contracts at the old, relatively lower, rates.

Subscription charges of the 21 Blue Cross plans (including the Washington plan's offering in Alaska) which quote only a charge for the combined hospital-surgical-medical coverage are shown in table 6.

Blue Shield Hospital Coverage--A few Blue Shield plans offer hospital benefits, either in competition with the local Blue Cross plan, as on the west coast, or in the absence of such a plan, as in



Hawaii. The reverse situation also occurs, i.e., a few Blue Cross plans offer surgical-medical benefits.

Three Blue Shield plans during this period offered to older people nongroup initial enrollment contracts covering hospital care. The hospital provisions of these contracts are shown in part B of table 1. The pattern of benefits is, in general, similar to that of the Blue Cross plans.

#### SURGICAL-MEDICAL CONTRACTS

During the fall of 1962 and up to January 28, 1963, 67 of the 70 Blue Shield plans in the United States (Puerto Rico no longer has a Blue Shield plan) offered nongroup initial enrollment to older people (table 4).<sup>8/</sup> Only the Blue Shield plans of Maine; Jamestown, New York; and Michigan did not offer such enrollment. The Maine plan refused to offer nongroup initial enrollment coverage to older people and here Health Service, Inc., and Medical Indemnity of America accepted enrollment of older people who applied to the Maine plan for nongroup coverage during the fall of 1962. The Jamestown, New York, and Michigan plans have stated that they intend to offer such coverage when their respective State insurance departments approve their proposed contracts.

Service and Indemnity Benefits--Of the 67 Blue Shield plans which offered nongroup initial enrollment coverage to older people

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<sup>8/</sup> The total number of Blue Shield plans is now 71, but the Memphis, Tennessee plan became an approved Blue Shield plan after January 28, 1963.

during the period under discussion, 54 provided service-indemnity benefits, i.e., service benefits for those below a given income and/or net worth level, and indemnity benefits for those above this level. Nine plans offered only indemnity benefits, and three plans (the Roanoke, Virginia plan, and the Bremerton and Wenatchee plans in Washington) were on a full-service basis--i.e., provided service benefits to all aged enrollees regardless of income.<sup>9/</sup> An additional plan (Idaho) accepted for membership only older persons with incomes under specified levels and provided service benefits to them.

In the plans providing service-indemnity benefits, the most usual income limits for service benefits were \$2,500 for a single person and \$4,000 for a family. Only five plans had lower limits than these. Some of the plans had income limits for service benefits such that a high percentage of all aged people in the area would be eligible for service benefits--for example, 8 plans had income limits of \$4,000 or over for a single person and 13 had limits of \$6,000 or over for a family.

Four plans (Florida, Minnesota, South Dakota and Utah) also placed a limit on the net worth which an aged person could have and still be eligible for service benefits. These net worth limits ranged from \$15,000 to \$25,000 for a single person and \$20,000 to \$40,000 for a family.

Benefits Provided--All 67 of the Blue Shield plans offering nongroup initial coverage to older people have surgical benefits and all but one (Mississippi) offer coverage for doctors' visits in

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<sup>9/</sup> The Oklahoma plan offers service benefits in a few counties, but is on an indemnity basis in most counties and is classified accordingly.

the hospital. The Mississippi plan does make such coverage available, but only under its "master" (major) medical catastrophic illness riders. Days of inhospital medical care range from 18 days per admission under the Oklahoma plan to 201 per admission under the New York City contract. Some 9 plans provide inhospital coverage of less than 40 days, 7 plans between 40 and 69, 39 provide 70 days, 7 plans provide between 71 and 130 days, and 3 plans in excess of 130 days per year or admission. One plan (Albany, New York) does not specify the number of days of inhospital medical care, but covers such services up to \$300 per admission. Some 11 plans either exclude the first few days (frequently 3) of inhospital medical care from coverage or cover such services only up to half the scheduled allowances.

Almost all Blue Shield-Blue Cross plans, jointly or singly, provide for some coverage of anesthesia services, (Blue Shield covering anesthesiology services of physicians, and Blue Cross, usually, covering cost of supplies and services of hospital employees). In all, or virtually all, cases either as a Blue Cross or Blue Shield benefit, or on some shared basis, there is coverage, full or limited, of inhospital X-ray diagnosis and therapy and laboratory and pathology service. (Where physicians directly bill the patient for these services they are generally under Blue Shield; where the hospital customarily bills the patient for them they are usually under Blue Cross.) Table 5 shows the plans which under their nongroup contracts for the aged provided some coverage of certain other services, namely, diagnostic X-ray service, radiation therapy, and pathology or labora-

tory examinations in hospital outpatient departments and physicians' offices, respectively; also physicians' office and home visits and physicians' visits to patients in nursing homes.<sup>10/</sup>

Of the 67 Blue Shield plans which offered nongroup initial enrollment to older persons during this period, all but 19 provided some coverage of diagnostic X-ray services in hospital outpatient departments and all but 16 provided some coverage of this service in doctors' offices. Generally, this coverage was limited to accident or fracture cases (within a specified time of the occurrence of the injury), and/or cases involving surgery.

Most of the contracts covered radiation therapy (in some cases, this includes only X-ray therapy) wherever it is rendered; 53, for example, covered this service when rendered in a hospital outpatient department and 55 plans covered this service in the doctor's office. Laboratory and pathology examinations (occasionally limited only to tissue examination) were covered by 20 Blue Shield plans in hospital outpatient departments and by 19 in the doctor's office.

Only 3 plans (Hawaii, New Hampshire-Vermont and Pennsylvania) provided any coverage of physician office and home visits, but 34 gave some coverage of doctors' visits in nursing homes - usually limited to one visit a week for a specified number of weeks.

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<sup>10/</sup> Some of the plans which cover X-ray and laboratory service in hospital outpatient departments and doctors' offices also cover these same services in the patient's home. However, the provision of these services in the home is relatively infrequent and no tabulation of the extent of such coverage was made.



In general the provisions of Blue Shield plans as regards enrollment and coverage of preexisting conditions are the same as those of the Blue Cross plan (or plans) with which they are paired; these were summarized above.

Subscription Rates--With respect to the annual subscription rates charged for surgical-medical coverage, 21 of the 67 Blue Shield plans do not quote a rate for surgical-medical coverage by itself, but only a rate for combined hospital-surgical-medical coverage, the hospital coverage being offered by the affiliated Blue Cross plan or, in a few cases, by the Blue Shield plan itself. Among the 46 plans quoting a rate for surgical-medical coverage, charges ranged from \$19.20 a year per person (Savannah, Georgia) to \$52.20 (Iowa). Some 5 plans had annual single person rates of less than \$25, 36 plans had rates in the \$25-\$45 range, and 5 plans had rates in excess of \$45. The scope of coverage, the schedule of fees or allowances paid to physicians, and whether the plan is on a service or indemnity basis help to explain this variation in charges among the different plans.

Blue Cross Surgical-Medical Coverage--Just as certain Blue Shield plans provide hospital coverage so several Blue Cross plans provide surgical-medical benefits (see part B of tables 4 and 5). Generally these are on an indemnity basis.

#### ANNUAL CHARGES FOR HOSPITAL-SURGICAL-MEDICAL COVERAGE

Among the 71 paired Blue Cross and Blue Shield plans which offered nongroup initial enrollment hospital-surgical-medical coverage to older people during the period under study, and the 9 Blue Cross

and 5 Blue Shield plans which individually offered such coverage-- a total of 85 cases in all--the annual rates charged for the combined hospital-surgical-medical coverage ranged from \$60 to \$219 for a single subscriber (table 6).11/ The distribution of the pairs of plans and plans, according to rate charged, was as follows:

Rate charged a single subscriber	Number of plans
Total.....	85
Under \$75.....	4
75 - 99.....	11
100 - 124.....	11
125 - 149.....	20
150 - 174.....	22
175 - 199.....	10
Over 200.....	7

Generally the rate for a couple or family was twice that for a single person (a considerable number of plans had only a one-person rate). The family rate for the plans which quoted them ranged from \$123 to \$468 a year, with 12 plans or pairs of plans charging less than \$250, 33 between \$251 and \$350 and 13, \$351 and over.

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11/ The four Blue Shield plans in the State of Washington are here viewed as being paired with the Washington (Seattle) Blue Cross plan, which does not offer surgical-medical coverage in the State of Washington. The Blue Shield plans, however, are not affiliated in any way with the Washington Blue Cross plan.

### III. COMPARISON WITH NONGROUP INITIAL COVERAGE OFFERED TO OLDER PERSONS PRIOR TO OCTOBER 1, 1962

How do the newer nongroup contracts compare with coverage previously offered to older persons?

In order to have a benchmark for appraisal of the new coverages made available during the fall of 1962 and early winter of 1963, a study was made earlier of the nongroup initial enrollment coverage offered by the plans to older people as of and prior to October 1, 1962. These earlier coverages are summarized in Tables 7, 8, and 9. This analysis was made on the basis of information in the Blue Cross and Blue Shield Manuals, as of October 1, 1962. <sup>12/</sup> Preliminary drafts of tables summarizing the data were reviewed by the Blue Cross Association and the National Association of Blue Shield Plans for accuracy.

Comparison of the newer coverages with those which were available as of or prior to October 1, shows that a larger proportion of both Blue Cross and Blue Shield plans offered nongroup initial coverage to the aged after October 1962, that the newer coverages were, on the whole, substantially broader, and that the rates were higher. <sup>13/</sup>

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<sup>12/</sup> These manuals are internal-use documents compiled by the respective national associations. They have been made available, for the purpose of study, to the Division of Research and Statistics of the Social Security Administration and are not available to the general public.

<sup>13/</sup> For plans which enrolled aged persons on a nongroup basis at any time (usually on the basis of a health statement) the manuals as of October 1, 1962, showed the contract or contracts then currently offered, i.e., as of October 1. For plans which from time to time had open enrollment periods for older people on a nongroup basis the manuals as of October 1, 1962, showed the contract or contracts offered during the last such open enrollment period. This might have been several months or even a year earlier.

## HOSPITAL COVERAGE

As of October 1, 1962, 51 of the 77 Blue Cross plans currently made nongroup initial coverage available to older persons or had made such coverage available in the recent past. During the fall of 1962 and up to January 28, 1963, 73 of the 77 plans made such coverage available.

Prior to October 1, only 13 plans provided hospital coverage of 70 days or more per year or admission, with most of the plans providing coverage for a maximum of 30 or 31 days. During the later period, 55 plans made available, in higher level contracts, coverage of 70 days of hospital care per year or admission.

The provision of nursing home and visiting nurse services is quite a new development. Prior to October 1, only 5 plans with nongroup initial coverage for older persons provided nursing home benefits and only 9 provided visiting nurse benefits. During the fall of 1962 and early winter of 1963, 36 and 33 plans offered such benefits, respectively.

According to the Blue Cross Manual as of October 1, 1962, nearly three-quarters of the plans offering nongroup initial coverage to older people required applicants to complete a health statement; the plans presumably rejected applicants who, on the basis of such a health statement; appeared to be poor risks (i.e., especially likely to need hospitalization in the future), or accepted them only on the basis of waiver of coverage for specified conditions. <sup>14/</sup> Most of the plans

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<sup>14/</sup> For example, a person with a history of heart trouble might be accepted on a basis of waiver of hospitalization for all conditions related to heart trouble.

covered preexisting conditions, but only after waiting periods ranging from 6 to 24 months; 8 plans had a waiting period of a year or more. While 4 plans covered preexisting conditions without a waiting period, 13 plans excluded all coverage of such conditions for life. In contrast, during the fall of 1962 and up to January 28, 1963, 54 plans held open enrollment periods during which they accepted all aged persons, without a health statement. Most plans still had a 6 to 12-months' waiting period for preexisting conditions, but 4 required no waiting period, and only 3 (compared to 13 as of October 1) permanently excluded all coverage of preexisting conditions.

#### SURGICAL-MEDICAL COVERAGE

As of October 1, 1962, 53 of the then 71 Blue Shield plans in the United States and Puerto Rico currently offered or had recently offered nongroup initial coverage for older people. <sup>15/</sup> During the period after October 1, 67 of the then 70 Blue Shield plans offered such coverage. Of the 53 plans offering coverage as of or prior to October 1, 1962, 39 (or 74 percent) provided service-indemnity benefits, 12 indemnity benefits, and 2 full service benefits. The "service" content in the programs offered by the plans during the fall of 1962 and up to January 28, 1963, was higher. Thus, of 67 plans offering coverage, 54 (80 percent) provided service-indemnity benefits, and 3 full service benefits. <sup>16/</sup> Further, as may be seen from comparison

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<sup>15/</sup> Puerto Rico had a Blue Shield plan during this period.

<sup>16/</sup> An additional plan offered only service benefits but enrollment was open only to older people with incomes under certain levels.



of Table 4 and Table 7, the income limits for service benefits in the plans with service-indemnity benefits were in many cases higher in the later than the earlier period. Prior to October 1, 1962, 9 plans had net worth limits, in addition to income limits, for service benefits; during the later period, only 4 had net worth limits.

The newer plans, on the whole, provided a greater number of days of protection against in-hospital medical care and a larger number provided some coverage of X-ray and laboratory examinations in hospital outpatient departments and physicians' offices. Then, as now, only a handful of plans offered coverage of physician office and home visits, but in the coverage offered during the fall of 1962 and early winter of 1963 more than half (34) of the Blue Shield plans provided some coverage of physician visits in nursing homes. Such benefits were virtually nonexistent under the nongroup initial enrollment contracts previously made available to older people.

The great majority of the plans offering nongroup coverage to older people prior to October 1, 1962, did so on the basis of requiring applicants to complete health statements and of rejecting poor risks. During the fall of 1962 and winter of 1963, 51 of the 67 plans which offered coverage to older people did so without requiring health statements, i.e., accepted all applicants irrespective of age or health.

#### SUBSCRIPTION RATES

The subscription rates charged for the coverages offered during the fall of 1962 and early winter of 1963 were substantially higher than those charged for nongroup coverage previously offered to older

people. The increase was relatively greater for the hospital than the surgical-medical coverages. The median rate charged to older persons for nongroup initial hospital coverage offered prior to October 1, 1962, was \$66. The analogous rate for coverage offered during the later period was \$112, 70 percent higher. For surgical-medical coverage the median rate charged prior to October 1, 1962, was \$31, which compares with \$37 charged during the fall and winter of 1962-63. For combined hospital-surgical-medical coverage the median rate was \$101 in the earlier period and \$145 in the later period.

Of the 73 Blue Cross plans which offered nongroup coverage to the aged during the period under study, 23 plans had not previously offered this type of coverage; 14 offered the same contract at the same rate as prior to October 1; one increased benefits in some respects, reduced them in other respects and reduced the rate; two liberalized enrollment provisions, otherwise keeping the same contract at the same rate; and a fourth reduced benefits and at the same time increased the rate charged. (The last was a plan which formerly offered relatively comprehensive benefits on a nongroup basis without distinction as to age.) The remaining 32 plans increased benefits or liberalized enrollment provisions or both (e.g., increased days of coverage from 21 or 30 to 70; added visiting nurse and nursing home benefits; changed from enrolling only on the basis of a health statement to accepting all aged applicants during an open enrollment period; dropped former exclusion of preexisting condition or reduced waiting period for coverage of these conditions). Six of these plans

also decreased benefits in one respect or another. At the same time these 32 plans increased the rates charged, in many instances by as much as 50 or 100 percent or more. Specifically the distribution of these 32 plans according to the percent increase in rates (either for hospital coverage alone or for combined hospital-surgical-medical coverage) was as follows:

Percent increase	Number of plans
Total	32
Less than 25.....	1
25 to 49.....	5
50 to 74.....	13
75 to 99.....	5
100 to 124.....	5
125 to 149.....	1
150 to 199.....	--
200 and over.....	2

The increases in rates undoubtedly reflect a variety of factors, mainly the desire of the plans to make coverage offered to older people come nearer to paying its own way, the upgrading of benefits, and the liberalization of underwriting provisions.

The pattern of changes among the Blue Shield plans was similar.



IV. COMPARISON WITH THE PROPOSED NATIONAL PLANS AND WITH THE RECOMMENDED STANDARDS

How closely did the coverage actually made available by the individual Blue Cross and Blue Shield plans come to meeting the standards recommended by the Blue Cross and Blue Shield Associations for the nongroup initial enrollment coverages to be offered to the aged?

Blue Cross--Of the 77 Blue Cross plans, only 27 offered contracts which met all of the recommended standards (some element of judgment enters into deciding whether a plan's coverage would meet 75 percent of the cost of care in semiprivate accommodations). Many of the others met most of the standards. Since the recommended standards were lower than the specifications for the earlier projected national contract, obviously less than 27 of the plans offered contracts equivalent of the latter coverage.

Of the 77 plans, 73 made contracts available during the period under study; four did not. 17/ Of the 73 contracts (using the higher level contract in each case):

-- 55 provided hospital benefits for 70 days or more; 18 provided fewer days of coverage.

-- Half provided the recommended nursing home benefits; fewer than half provided the recommended visiting nurse service benefits.

-- The large majority provided the recommended coverage for mental illness and tuberculosis.

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17/ Three of these four have since offered nongroup initial enrollment coverage to the aged.

-- About three-fourths met the standard that enrollment should be allowed for all aged applicants without regard to health status; one quarter failed this standard.

-- Seven plans covered preexisting conditions without a waiting period, thus, going beyond the recommended standard; approximately two-thirds of the plans had a 6-months' waiting period while the remaining nearly one-third imposed even longer waiting periods.

Blue Shield--Of the 70 Blue Shield plans, 24 met in all respects the recommended standards of the National Association of Blue Shield Plans (and provided a coverage equivalent to that of the projected national plan) while others came close to attaining the objective. Some of the 24 went considerably beyond the recommended standards in one or more respects, and some of those which fell slightly short of the standards in one or more respects, exceeded them in other ways.

Of the 70 Blue Shield plans:

-- All except three made nongroup contracts available to aged persons during the period under discussion.

-- All covered surgery and anesthesia service.

-- All except one provided in-hospital medical visits, with two-thirds covering care for 70 days or more.

-- The great majority met the standards in providing some benefits for radiation therapy and diagnostic X-ray examinations in hospital outpatient departments and doctors' offices.

-- Half provided physicians' visits in nursing homes; half did not.

-- One-fifth went beyond the standards in covering X-ray examinations in hospital outpatient departments and doctors' offices, irrespective of type of care.

The standards called for service benefits for aged persons with incomes of up to \$2,500 for a single person or \$4,000 for a couple. Some 47 plans met this standard (some went beyond it); 23 did not. Fifty-five met the standard of acceptance of all aged applicants during an open enrollment period; 15 did not.

Over one-third failed to meet the standard of covering preexisting conditions with no more than 6-months' waiting period.

### Costs

The proposed national uniform Blue Cross contract was expected to cost \$10-\$12 a month for a single person. The subscription cost of the national Blue Shield contract was to be approximately \$3 a month. When the attempt to develop a national uniform contract was abandoned and the two Associations instead developed recommended benefit standards for their member agencies, it was clear that subscription rates would vary from plan to plan, even for similar benefit packages.

Of the 85 paired Blue Cross-Blue Shield plans, 34 had subscription rates higher than \$13 a month and 15 more than \$15 a month. In most cases, of course, the benefits were considerably less liberal than those implied in the original \$13 or \$15 a month subscription rate.

The impact of the rates actually charged in early 1963 may be evaluated in part in relation to the proportion of the total medical costs of the aged which the benefits would cover. None of the coverages provide a complete protection against even hospital, surgical and in-hospital medical service costs. As regards hospital care, many of

the contracts offered have deductibles or require coinsurance payments, some provide a room allowance substantially below the cost of semiprivate accommodations, and all have limits on the days of hospital care covered. Almost half of the contracts do not cover nursing home care, and those which do cover only a small part of the total nursing home expenses because nursing home stays are typically long and the contracts pay for care for limited periods. The contracts do not cover physicians' visits in the office and home. They provide no coverage of dental services, drugs outside of the hospital, eyeglasses, appliances, and special nursing in the hospital. Taking all factors into consideration it appears that the better of the Blue Cross-Blue Shield contracts would cover about 40-45 percent of the total medical costs of aged persons--certainly not more than 50 percent.

With the uncovered costs remaining to be met on an out-of-pocket basis, it is evident that an annual charge of \$100 to \$180 a year for a single person or \$200 to \$360 a year for a couple--the general range of rates for the combined coverages--will bear heavily on many aged persons.

In its original policy statement Blue Cross had recognized that many retired aged persons would be unable to afford the projected costs of \$10-\$12 a month without governmental assistance.

The lack of evidence that any large number of persons enrolled in the plans would suggest that relatively few aged persons who did not already have health insurance felt they could afford to buy the contracts at the prices charged.



Table 1.—Blue Cross and Blue Shield hospital nongroup initial enrollment contracts offered to older people during the fall of 1962 and up to January 28, 1963

Plans	Days of hospital care provided				Enrollment during				Annual subscription rate				
	Any coverage available	Deductible	General illness	Mental illness	Tuberculosis	Room accommodations or allowance	Nursing home benefits	Visiting nurse benefits	Ancillary hospital fits (full or limited)*	Waiting period for pre-existing conditions	Single persons	Two persons	Family
A. Blue Cross													
Alabama	X	1	70A	30Y	10Y	SP	—	—	Full	X	2	—	—
Arizona	X	—	70Y	30Y	30Y	SP	X	X	Full	X	2	—	2
Arkansas	X	—	70A	30Y	30Y	\$10	X	X	Ltd.	X	—	\$110.40	—
California	X	—	70Y	30Y	30Y	\$18 <sup>3</sup>	X	X	Ltd.	X	2	—	2
Los Angeles	X	—	70Y	30Y	30Y	\$18 <sup>3</sup>	X	X	Ltd.	X	2	—	2
Oakland	X	—	70Y	30Y	30Y	\$14	X	X	Full	X	—	112.80	—
Colorado	X	—	70Y	30Y	30Y	\$18	—	—	Full	X	—	81.60	—
Connecticut	X	—	70A	70A	60L <sup>4</sup>	SP to \$18	X	X	Ltd.	X	—	115.80	147.40
Delaware	X	—	70A	60L <sup>4</sup>	10Y	SP	—	—	Full	X	—	61.20	222.60
District of Columbia	X	—	31A <sup>5</sup>	10Y	30Y	\$12	X	X	Full	X	—	144.00	122.40
Florida	X	—	70A	30Y	30Y	\$15	—	—	Full	X	—	113.40	288.00
Georgia	X	1	30A	30Y	30Y	\$10	—	—	Ltd.	X	2	—	226.80
Atlanta	X	—	30A	—	—	SP	—	—	Ltd.	—	—	54.00	2
Columbus	X	—	30 <sup>7</sup>	—	—	W to \$18	X	X	Ltd.	X	—	137.40	125.40
Savannah	X <sup>6</sup>	—	70Y	30Y	30Y	SP	X	X	Full	X	—	174.60	274.80
Idaho	X	1	70A	30Y	30A	\$12	X	X	Full	X	—	111.60	—
Illinois	X	—	70A	30A	30A	SP	X	X	Full	X	—	94.80	189.00
Indiana	X	—	70A	30A	30A	80% of SP	X	X	Ltd.	X	—	95.40 <sup>8</sup>	190.20
Iowa	X	—	70A	30Y	30Y	75% of SP	X	X	Ltd.	X	—	126.00	210.00
Des Moines	X	—	70A	30Y	30Y	\$12	X	X	Full	X	—	—	2
Sloux City	X	—	70A	30Y	30Y	\$8	—	—	Ltd.	—	2	—	240.00
Kansas	X	—	70A	30Y	30Y	\$12	—	—	Ltd.	X	—	120.00	—
Kentucky	X	—	70A	30Y	30Y	\$12	—	—	Ltd.	X	—	—	—
Louisiana	X	—	70A	30Y	30Y	\$8	—	—	Ltd.	—	2	—	2
Baton Rouge	X	\$25A	120A	—	—	\$8	—	—	Ltd.	—	—	—	—
New Orleans	X	—	70Y	30Y	30Y	\$12	—	—	Ltd.	X	—	120.00	—
Maine	No <sup>9</sup>	—	—	—	—	—	—	—	—	—	—	—	—
Maryland	X	—	30A	30Y	—	SP	—	—	Full	—	—	51.60	108.00
Massachusetts	X <sup>10</sup>	—	40A	10L	10L	\$18	—	—	Ltd.	—	—	55.20 <sup>12</sup>	110.40 <sup>12</sup>
Michigan	No	—	70A	31A	31A	75% of SP	X	—	Ltd.	X	—	150.00	—
Minnesota	X	—	70A	30L	—	\$8	—	—	Full	—	2	—	2
Mississippi	X <sup>13</sup>	\$25A	30A	30L	—	—	—	—	—	—	—	—	—
Missouri	X	—	70A	30Y	30Y	SP	X	X	Ltd.	X	—	120.00	208.80
Kansas City	X	—	70A	30Y	30Y	\$14	X	X	Ltd.	X	—	118.20	236.40
St. Louis	X	—	70A	30Y	30Y	SP	—	—	Full	X	2	—	2
Montana	X	\$25A	30A <sup>15</sup>	30Y	30Y	\$12	X	X	Ltd.	X	—	—	—
Nebraska	X	—	70A	30Y	30Y	\$12	X	X	Ltd.	X	—	94.80	189.60
New Hampshire-Vermont	X	—	60A <sup>16</sup>	60A <sup>16</sup>	60A <sup>16</sup>	\$20	—	—	Ltd.	X	—	84.00	144.00
New Jersey	X	—	70Y	30Y	30Y	SP	X	X	Full	X	—	114.00	228.00
New Mexico	X	—	70A	30Y	30Y	\$15	X	—	Full	X	—	135.00	270.00



Table 1.—Blue Cross and Blue Shield hospital nongroup initial enrollment contracts offered to older people during the fall of 1962 and up to January 28, 1963 (Continued)

Plans	Days of hospital care provided				Enrollment during open period				Annual subscription rate					
	Any coverage available	Deductible	General illness	Mental illness	Tuberculosis	Room accommodations or allowance	Nursing home benefits	Visiting nurse benefits (full or limited)*	Ancillary hospital benefits (full or limited)*	Enrollment during open period	Waiting period for pre-existing conditions	Single	Two persons	Family
<b>A. Blue Cross (Continued)</b>														
New York														
Albany . . . . .	X	—	70A	30Y	—	75% of SP	X	X	Ltd.	X	11 mos.	\$116.00	—	—
Buffalo . . . . .	X	—	70A	30Y	30Y	SP	X	X	Full	X	6 mos.	165.00	—	250.20
Jamestown . . . . .	No													
New York City . . . . .	X	—	21A <sup>17</sup>	21Y	21Y	SP	—	—	Full	—	11 mos.	129.60	—	—
Rochester . . . . .	X	—	30A <sup>18</sup>	30A <sup>20</sup>	30Y	SP	X	X	Full	X	12 mos.	92.40	—	—
Syracuse . . . . .	X	\$50A	70A	30Y	—	SP	—	—	Full	X	11 mos.	67.20	—	—
Utica . . . . .	X	—	70A <sup>19</sup>	—	—	SP	—	—	Full	—	11 mos. <sup>2</sup>	—	—	—
Watertown . . . . .	X	—	30A <sup>20</sup>	—	30A <sup>20</sup>	SP	—	—	Full	—	12 mos.	96.00	—	—
North Carolina														
Durham . . . . .	X	—	70A	30Y	30Y	\$12	X	X	Ltd.	X	6 mos.	— <sup>2</sup>	—	— <sup>2</sup>
Chapel Hill . . . . .	X	—	70A	30Y	30Y	\$12	X	X	Ltd.	X	6 mos.	— <sup>2</sup>	—	— <sup>2</sup>
North Dakota . . . . .	X	\$25A	70A	30A	30A	SP	—	—	Full	X	6 mos.	127.20	—	254.40
Ohio														
Canton . . . . .	X	—	70A	70A	70A	SP	—	—	Full	X	—	138.00	—	—
Cincinnati . . . . .	X	—	70A	70A	70A	W	—	—	Full	X	18 mos.	65.40	—	—
Cleveland . . . . .	X	—	70A	70A	70A	SP	—	—	Full	X	—	98.40	—	—
Columbus . . . . .	X	—	30Y	—	—	80% of SP	—	—	Ltd.	—	9 mos.	60.00	—	—
Lima . . . . .	X	—	70Y	30L	30L	80% of SP	—	—	Ltd.	X	6 mos.	84.00	—	168.00
Toledo . . . . .	X	—	70A	31A	31A	80% of SP	—	—	Ltd.	X	6 mos.	84.00	—	—
Youngstown . . . . .	X	—	70A	70A	70A	SP	—	—	Full	X	—	126.00	—	240.00
Oklahoma . . . . .	X	\$25A	70A	30Y	—	SP	—	—	Full	X	9 mos.	74.40	—	164.40
Oregon . . . . .	X	—	70Y	30Y	70Y	W to \$18	X	X	Ltd.	X	6 mos.	— <sup>2</sup>	—	— <sup>2</sup>
Pennsylvania														
Allentown . . . . .	X	1	70A	30Y	70Y	SP	X	X	Full	X	6 mos.	105.24	—	210.48
Harrisburg . . . . .	X	1	70Y	30Y	70Y	SP	X	X	Full	X	6 mos.	129.00	—	258.00
Philadelphia . . . . .	X	1	70A	30Y	20Y	SP	X	X	Full	X	6 mos.	125.04	—	250.08
Pittsburgh . . . . .	X	—	70A	30Y	70A	W or \$14	X	X	Full	X	6 mos.	137.64	—	275.28
Wilkes-Barre . . . . .	X	1	70Y	30Y	70Y	SP	X	X	Full	X	6 mos.	115.20	—	230.40
Rhode Island . . . . .	X	—	75A	75A	75A	SP	—	—	Full	X	N.C.	124.20	—	195.60
South Carolina . . . . .	X	\$50A	70A	30Y	30Y	SP	X	X	Full	X	6 mos.	133.80	—	265.20
Tennessee														
Chattanooga . . . . .	X	\$25A	30A	—	—	\$10	—	—	Full	X	6 mos.	— <sup>2</sup>	—	— <sup>2</sup>
Memphis . . . . .	X	—	30Y	30Y	30Y	\$10	—	—	Ltd.	—	24 mos.	— <sup>2</sup>	—	— <sup>2</sup>
Texas . . . . .	X	—	70A	70A	70A	\$12	X	—	Full	—	6 mos.	105.00	—	—
Utah . . . . .	X	1	30Y	—	—	W	—	—	Full	X	11 mos.	63.00	—	—
Virginia														
Lynchburg . . . . .	X	\$50Y	70A	—	—	SP	—	—	Full	X	12 mos.	78.00	—	—
Richmond . . . . .	X	1	60A	60A	60A	SP	—	—	Full	—	6 mos.	79.92	—	—
Roanoke . . . . .	X	—	70A	30Y	30Y	SP	—	—	Full	—	12 mos. <sup>2</sup>	—	—	—
Washington-Alaska . . . . .	X	—	70Y	30Y	30Y	\$22	X	X	Full	X	6 mos.	171.00 <sup>2</sup>	—	330.00 <sup>2</sup>

Table 1.—Blue Cross and Blue Shield hospital nongroup initial enrollment contracts offered to older people during the fall of 1962 and up to January 28, 1963 (Continued)

Plans	Days of hospital care provided				Tuberculosis	Room accommodations or allowance	Nursing home benefits	Visiting benefits	Ancillary hospital benefits (full or limited)*	Enrollment during open period without health state-ment	Annual subscription rate		
	Any coverage available	Deductible	General illness	Mental illness							Single	Two persons	Family
<b>A. Blue Cross (Continued)</b>													
West Virginia													
Bluefield	X	—	30A	30Y	30Y	W	—	—	Full	—	2	—	
Charleston	X	—	70A	30Y	30Y	\$12	—	—	Full	—	2	\$ 52.80	
Parkersburg	X	—	70A	30Y	—	80% of SP	—	—	Ltd.	X	2	—	
Wheeling	X	—	70A	30Y	—	\$16	—	—	Full	—	2	—	
Wisconsin	X	—	70A	31A	—	80% of SP	X	X	Ltd.	—	2	—	
Wyoming	X	—	70Y	30Y	30Y	\$10	X	X	Full	X	2	—	
Puerto Rico	No	—										2	279.60
<b>B. Blue Shield plans having hospital coverage</b>													
California	X	—	31Y	31Y	31Y	70% of SP <sup>22</sup>	—	—	Ltd.	X	2	—	2
Hawaii	X	—	120A	120A	—	\$7.50	—	—	Ltd.	—	2	—	—
Wisconsin													
Madison	X	—	60A	60L	60A	\$10	X	—	Ltd.	X	2	—	2

LEGEND: A = Admission; Y = Year; L = Life; SP = Semi-private; W = Ward; P = Private; N.C. = Not covered.

\*Full coverage of ancillary services means that plan provides full coverage of such ancillary services as it provides (frequently X-ray and pathology services are covered by the affiliated Blue Shield plan). Limited coverage means that such ancillary services as are provided are not covered in full but only up to certain dollar limits or on a coinsurance basis.

<sup>1</sup>The following plans have nonflat rate cash deductibles: (a) Alabama, \$50 per admission and \$5 per day beginning on the third day of confinement; (b) Atlanta, Georgia, \$5 per day commencing with the first day of admission; (c) Illinois, same as the Atlanta, Georgia plan, except that in certain counties the deductible is \$3 per day; (d) Des Moines and Sioux City, Iowa, \$25 per admission if charges for covered services are less than \$125; 20 percent of the charges if in excess of \$125; (e) Allentown, Harrisburg, Philadelphia, and Wilkes-Barre, Pennsylvania, \$5 per day up to 15 days per year; (f) Richmond, Virginia, \$50 per admission or \$4 per day, whichever is greater; (g) Utah, same as Des Moines and Sioux City, Iowa.

<sup>2</sup>Only combined hospital-surgical-medical coverage offered at a single rate. See Table 6.

<sup>3</sup>If room costs are in excess of \$18 per day, plan will pay \$18 or 80 percent of the charge, whichever is greater.

<sup>4</sup>A total of 60 days are provided; 30 at full and 30 at partial benefits.

<sup>5</sup>Plus 180 days at \$10 per day.

<sup>6</sup>Plan has two contracts, one for white and the other for Negro subscribers; these provide identical benefits but in different hospitals.

<sup>7</sup>Plus 30 days at 25 percent discount.

<sup>8</sup>Rates for subscribers in South Dakota are slightly higher.

<sup>9</sup>Plan does not offer nongroup initial enrollment coverage for persons 65 and over. Health Service, Inc.—Medical Indemnity of America has offered such coverage in the State.

<sup>10</sup>A prolonged illness rider offering additional coverage is available to older persons at an additional cost.

<sup>11</sup>These benefits are provided only under the prolonged illness rider.

<sup>12</sup>A higher rate is charged to those whose health is substantially below normal.

<sup>13</sup>Major medical and prolonged illness riders available at additional cost.

<sup>14</sup>Services provided only under the major medical rider.

<sup>15</sup>Plus 40 days at one half benefits.

<sup>16</sup>Plus 60 days at one half benefits.

<sup>17</sup>Plus 180 days at one half benefits.

<sup>18</sup>Plus 118 days at \$10 per day.

<sup>19</sup>Plus 80 days at \$5 per day.

<sup>20</sup>Plus 90 days at \$10 per day.

<sup>21</sup>Rate for hospital contract in State of Washington; the plan offers in Alaska a hospital-surgical-medical contract, the rates for which are shown in Table 6.

<sup>22</sup>To a maximum of \$18 per day.

Table 2.—Nursing home benefit provisions of Blue Cross and Blue Shield plans providing such benefit in nongroup initial enrollment contracts offered to older people during the fall of 1962 and up to January 28, 1963

Plans	Ratio of available nursing home days to unused hospital days	Daily benefits or allowance in		After hospital discharge	Care available only within specified days of discharge	Months of enrollment before benefits available
		Participating nursing homes	Non-participating nursing homes			
<b>A. Blue Cross</b>						
Arizona . . . . .	2:1	60% of charge to \$8	60% of charge to \$8	X	14	6 mos.
Arkansas . . . . .	2:1	\$6	—	X	1	6 mos.
<b>California</b>						
Los Angeles . . . . .	2:1	80% of charge to \$8	—	X	14	6 mos.
Oakland . . . . .	2:1	80% of charge to \$8	—	X	14	6 mos.
Colorado . . . . .	2:1	\$6	\$6	X	—	11 mos.
Delaware . . . . .	2:1	full	\$8	—	—	—
Florida . . . . .	2:1	\$6	\$6	X	14	6 mos.
Idaho . . . . .	2:1	80% of charge to \$8	—	X	14	6 mos.
Illinois . . . . .	2:1	full <sup>1</sup>	60% of charge to \$8	X	14	6 mos.
Indiana . . . . .	2:1	\$10	60% of charge to \$25 per wk.	X	14	—
<b>Iowa</b>						
Des Moines . . . . .	2:1	80% of charge	2	X	14	—
Sioux City . . . . .	2:1	80% of charge	2	X	14	—
<b>Kansas</b>						
Kansas . . . . .	2:1	75% of charge	—	—	—	—
Kentucky . . . . .	2:1	60% of charge to \$8	60% of charge to \$8	X	1	6 mos.
Minnesota . . . . .	2:1	75% of charge	75% of charge	X	3	—
<b>Missouri</b>						
Kansas City . . . . .	2:1	60% of charge to \$8	60% of charge to \$8	X	14	6 mos.
St. Louis . . . . .	2:1	60% of charge to \$5	60% of charge to \$5	X	1	—
Nebraska . . . . .	2:1	80% of charge to \$10	60% of charge to \$8	X	14	6 mos.
New Jersey . . . . .	2:1	full	60% of charge to \$8	X	14	6 mos.
New Mexico . . . . .	2:1	80% of charge to \$8	80% of charge to \$8	X	14	6 mos.
<b>New York</b>						
Albany . . . . .	2:1	75% of charge to \$8	75% of charge to \$8	X	14	—
Buffalo . . . . .	2:1	full	60% of charge to \$8	X	14	—
Rochester . . . . .	3	80% of charge to \$7.50	80% of charge to \$7.50	X	—	—
<b>North Carolina</b>						
Durham . . . . .	2:1	full	60% of charge to \$8	X	1	—
Chapel Hill . . . . .	2:1	full	60% of charge to \$8	X	1	—
Oregon . . . . .	2:1	80% of charge to \$8	80% of charge to \$8	—	14	6 mos.
<b>Pennsylvania</b>						
Allentown . . . . .	2:1	full	60% of charge to \$8	X	14	6 mos.
Harrisburg . . . . .	2:1	full	60% of charge to \$8	X	14	6 mos.
Philadelphia . . . . .	2:1	full	60% of charge to \$8	X	14	6 mos.
Pittsburgh . . . . .	2:1	full	60% of charge to \$8	X	14	6 mos.
Wilkes-Barre . . . . .	2:1	full	60% of charge to \$8	X	14	6 mos.
South Carolina . . . . .	2:1	full	60% of charge to \$8	X	14	6 mos.
Texas . . . . .	2:1	\$5	60% of charge to \$8	—	—	—
Washington . . . . .	2:1	60% of charge to \$8	60% of charge to \$8	X	14	6 mos.
Wisconsin . . . . .	2:1	full	60% of charge to \$8	X	4	—
Wyoming . . . . .	2:1	\$10	60% of charge to \$8	X	14	6 mos.
<b>B. Blue Shield plans having nursing home benefits</b>						
Wisconsin	5	\$10	\$10	X	4	—
Madison . . . . .	5	\$10	\$10	X	4	—

<sup>1</sup>Services are covered in full in a participating nursing home after the subscriber pays \$2.50 (\$1.50 in certain counties) per day toward cost of such care.

<sup>2</sup>No precise ratio of days, depends upon how many credits remain after discharge from hospital; the subscriber is entitled to a maximum of 420 credits (benefit units), with days of hospital care, nursing home care, and visiting nurse services rated at various units, and maximums assigned to each type of service.

<sup>3</sup>Days not specified; contract stipulates that the subscriber must be admitted to a nursing home immediately following hospital discharge if such nursing home care is to be covered under Blue Cross.

<sup>4</sup>No stated ratio. The subscriber is entitled to a maximum of 60 days of nursing home care during a disability period; the number of nursing home days is reduced by the number of hospital days used during the same disability period.

Table 3.—Visiting nurse benefit provisions of Blue Cross plans providing such benefit in nongroup initial enrollment contracts offered to older people during the fall of 1962 and up to January 28, 1963

Plans	Ratio of available visits or days of service to unused hospital days	Benefit or allowance per visit or day		Participating visiting nurse association	Non-participating visiting nurse association	After hospital discharge	Care available only		Months of enrollment before visiting nurse service available
		Participating visiting nurse association	Non-participating visiting nurse association				Within specified number of days	After hospital discharge	
Arizona . . . . .	2D : 1	\$4D	\$4D	—	—	X	14	—	6 mos.
Arkansas . . . . .	2D : 1	\$3V	—	—	—	X	—	—	6 mos.
California . . . . .	2V : 1	\$3V	—	—	—	—	—	—	6 mos.
Los Angeles . . . . .	2V : 1	\$3V	—	—	—	—	—	—	6 mos.
Oakland . . . . .	1V : 1 <sup>1</sup>	full	—	—	—	X	—	—	—
Colorado . . . . .	2V : 1	full	—	—	—	—	—	—	—
Delaware . . . . .	2V : 1	\$3V	—	—	—	X	—	—	6 mos.
Florida . . . . .	2V : 1	\$3V	—	—	—	X	—	—	6 mos.
Idaho . . . . .	2V : 1	\$3V	—	—	—	X	—	—	6 mos.
Illinois . . . . .	2V : 1	full	\$3V	—	—	X	—	—	6 mos.
Indiana . . . . .	2 <sup>2</sup>	\$3V	—	—	—	X	—	—	—
Iowa . . . . .	2V : 1	full	—	—	—	X	14	—	—
Des Moines . . . . .	2V : 1	full	—	—	—	X	14	—	—
St. Louis . . . . .	2V : 1	full	—	—	—	X	—	—	—
Kansas . . . . .	2V : 1	full	—	—	—	—	—	—	—
Kentucky . . . . .	2V : 1	\$3V	—	—	—	—	—	—	6 mos.
Missouri . . . . .	3	\$3V	—	—	—	—	—	—	6 mos.
Kansas City . . . . .	2V : 1	full <sup>4</sup>	—	—	—	—	—	—	—
St. Louis . . . . .	2V : 1	full <sup>4</sup>	—	—	—	—	—	—	—
Nebraska . . . . .	2V : 1	full <sup>4</sup>	—	—	—	—	—	—	6 mos.
New Jersey . . . . .	2V : 1	full <sup>4</sup>	—	—	—	—	—	—	6 mos.
New York . . . . .	2V : 1	full <sup>5</sup>	—	—	—	X	14	—	—
Albany . . . . .	2V : 1	full	full <sup>5</sup>	—	—	X	14	—	—
Buffalo . . . . .	2V : 1	full	full	—	—	X	—	—	—
Rochester . . . . .	6	\$3D	—	—	—	X	—	—	—
North Carolina . . . . .	2V : 1	full <sup>4</sup>	—	—	—	X	—	—	—
Durham . . . . .	2V : 1	full <sup>4</sup>	—	—	—	X	—	—	—
Chapel Hill . . . . .	2V : 1	full <sup>4</sup>	—	—	—	X	—	—	—
Oregon . . . . .	2V : 1	\$3V	\$3V	—	—	—	—	—	6 mos.
Pennsylvania . . . . .	4V : 1	full	full	—	—	X	7	—	—
Allentown . . . . .	4V : 1	full	full	—	—	X	7	—	—
Harrisburg . . . . .	4V : 1	full	full	—	—	X	7	—	—
Philadelphia . . . . .	4V : 1	full	full	—	—	X	7	—	—
Pittsburgh . . . . .	4V : 1	full	full	—	—	X	7	—	—
Wilkes-Barre . . . . .	4V : 1	full	full	—	—	X	7	—	—
South Carolina . . . . .	2V : 1	full <sup>2</sup>	\$3V	—	—	X	—	—	6 mos.
Washington . . . . .	2V : 1	\$3V	\$3V	—	—	X	—	—	6 mos.
Wisconsin . . . . .	2V : 1	full	\$3V	—	—	—	—	—	—
Wyoming . . . . .	2V : 1	full <sup>2</sup>	—	—	—	—	—	—	6 mos.

LEGEND: D = Days, V = Visits.

<sup>1</sup>Visiting nurse services are available only if the subscriber's attending physician certifies that the subscriber may be discharged from a member hospital earlier than would otherwise be possible provided visiting nurse services are made available. The subscriber is entitled to one visit per day for each unused hospital day, but the utilization of visiting nurse benefits does not reduce the number of days of hospital care remaining to the subscriber.

<sup>2</sup>Maximum of 70 visits.

<sup>3</sup>Maximum of 30 visits.

<sup>4</sup>Services are paid in full if the agreement between the plan and the visiting nurse association so stipulates; if the agreement between the plan and the visiting nurse association does not require full payment, the plan will pay up to \$3 a visit. No payment is made to nonparticipating visiting nurse associations.

<sup>5</sup>To the extent that such services are available in the community.

<sup>6</sup>No stated ratio; depends upon how many credits remain to a subscriber after hospital discharge.

<sup>7</sup>Days not specified; contract stipulates that visiting nurse services must commence "immediately" after hospital and/or nursing home discharge if such services are to be covered under Blue Cross.



Table 4.—Blue Shield and Blue Cross surgical-medical nongroup initial enrollment contracts offered to older people during the fall of 1962 and up to January 28, 1963

Plans	Any coverage available	Service or indemnity benefits	Income limits for service benefits			In-hospital medical		Enrollment during open period with-out health statement	Waiting period for pre-existing conditions	Annual subscription rates	
			Single person	Two persons	Family	Days per year or admission	Initial days excluded from coverage			Single person	Two persons
A. Blue Shield											
Alabama . . . . .	X	I	—	—	—	67A	3	X	9 mos.	1	—
Arizona . . . . .	X	S-I	\$2,500	—	\$4,000	70A	—	X	6 mos.	1	1
Arkansas . . . . .	X	S-I	2,500	—	4,000	70A	—	X	6 mos.	—	\$ 73.20
California . . . . .	X	S-I	6,000	—	6,000	31Y	—	X	6 mos.	1	—
Colorado . . . . .	X	S-I	4,000	—	6,000	70Y	—	X	11 mos.	—	—
Connecticut . . . . .	X	S-I	3,000	\$4,000	5,000	120Y	3	X	—	21.00 <sup>2</sup>	—
Delaware . . . . .	X	I	—	—	—	70A	—	X	6 mos.	—	71.40
Washington, D.C. . . . .	X	S-I	4,000	—	6,000	177Y	3	—	10 mos.	—	100.80
Florida . . . . .	X	S-I	2,500 <sup>3</sup>	—	4,000 <sup>3</sup>	70Y	—	X	6 mos.	—	73.20
Georgia											
Atlanta . . . . .	X	I	—	—	—	30A	—	—	6 mos.	—	84.00
Columbus . . . . .	X	S-I	2,400	3,600	4,400	28Y	2	X	24 mos.	1	1
Savannah . . . . .	X	S-I	2,400	3,600	4,400	30Y	—	X	12 mos.	—	58.80
Hawaii . . . . .	X	S-I	6,000	7,200	9,000	120A	—	X	12 mos.	1	1
Idaho . . . . .	X	S <sup>4</sup>	4	4	4	70A	—	X	6 mos.	—	81.00
Illinois											
Chicago . . . . .	X	S-I	2,500	—	4,000	70A	—	X	6 mos.	—	—
Rockford . . . . .	X	S-I	2,500	—	4,000	70A	—	X	6 mos.	—	—
Indiana . . . . .	X	I	—	—	—	60Y	5	X	12 mos.	—	69.48
Iowa . . . . .	X	S-I	2,500	—	4,000	70A	—	X	6 mos.	—	104.40
Kansas . . . . .	X	S-I	2,500	—	4,000	70A	—	X	6 mos.	—	—
Kentucky . . . . .	X	S-I	2,500	—	4,000	70A	—	X	6 mos.	42.60	1
Maine . . . . .	No <sup>6</sup>										
Maryland . . . . .	X	S-I	4,500	—	7,000	30A	—	—	9 mos.	24.00	78.00
Massachusetts . . . . .	X	S-I	5,000	6,000	7,500	40A	—	—	8 mos.	25.60	64.00
Michigan . . . . .	No										
Minnesota . . . . .	X	S-I	2,400 <sup>7</sup>	—	3,600 <sup>7</sup>	120Y	—	X	6 mos.	35.40	1
Mississippi . . . . .	X <sup>8</sup>	I	—	—	—	—	—	—	N.C.	—	1
Missouri											
Kansas City . . . . .	X	S-I	6,000	—	7,500	70A	—	X	6 mos.	51.00	102.00
St. Louis . . . . .	X	S-I	2,500	—	4,000	70A	—	X	6 mos.	37.20	71.40
Montana . . . . .	X	S-I	3,000	—	4,500	70A	—	X	6 mos.	37.20	72.00
Nebraska . . . . .	X	S-I	2,500	—	4,000	70A	—	X	6 mos.	43.20	86.40
New Hampshire-Vermont . . . . .	X	S-I	2,500	—	4,000	120A	—	X	9 mos.	32.40	86.40
New Jersey . . . . .	X	S-I	2,500	—	4,000	70A	—	X	6 mos.	26.52	1
New Mexico . . . . .	X	S-I	5,500	—	8,000	70A	—	X	6 mos.	—	1



Table 4.—Blue Shield and Blue Cross surgical-medical nongroup initial enrollment contracts offered to older people during the fall of 1962 and up to January 28, 1963 (Continued)

Plans	Any coverage available	Service or indemnity benefits	Income limits for service benefits			In-hospital medical			Enrollment during open period without health statement	Waiting period for pre-existing conditions	Annual subscription rates		
			Single person	Two persons	Family	Days per year or admission	Initial days excluded from coverage	Single person			Two persons	Family	
New York													
Albany . . . . .	X	S-I	\$3,500	\$3,500	—	9	—	X	11 mos.	1	—	1	
Buffalo . . . . .	X	S-I	2,500	—	\$4,000	70A	—	X	6 mos.	\$42.00	—	\$ 81.60	
Jamestown . . . . .	No												
New York City . . . . .	X	S-I	2,500	—	4,000	201A	—	—	11 mos.	41.40	—	—	
Rochester . . . . .	X	S-I	7,200	—	7,200	131Y	—	X	12 mos.	33.60	—	66.00	
Syracuse . . . . .	X	S-I	4,000	—	4,000	120Y	—	X	11 mos.	33.00	—	—	
Utica . . . . .	X	S-I	2,500	—	2,500	120A	—	X	11 mos.	1	—	—	
North Carolina													
Chapel Hill . . . . .	X	S-I	3,000	—	4,200	70A	10	X	6 mos.	1	—	1	
Durham . . . . .	X	S-I	3,000	—	4,200	70A	10	X	6 mos.	1	—	1	
North Dakota . . . . .	X	S-I	2,500	—	4,000	70A	—	X	6 mos.	38.40	—	76.80	
Ohio													
Cleveland . . . . .	X	I	—	—	—	70A	—	X	—	38.40	—	—	
Columbus . . . . .	X	I	—	—	—	70A	—	X	—	30.00	—	—	
Oklahoma . . . . .	X	I <sup>11</sup>	—	—	—	18A	4	X	9 mos.	21.60 <sup>12</sup>	—	45.60 <sup>12</sup>	
Oregon . . . . .	X	S-I	2,500	—	4,000	70Y	—	X	6 mos.	43.80	—	79.80	
Pennsylvania . . . . .	X	S-I	4,000	—	6,000	70A	—	X	6 mos.	46.08	—	92.16	
Rhode Island . . . . .	X	S-I	4,000	—	6,000	97A <sup>13</sup>	—	X	N.C.	34.20	—	73.80	
South Carolina . . . . .	X	S-I	2,500	—	4,000	70A	—	X	6 mos.	34.20	—	70.80	
South Dakota . . . . .	X	S-I	3,000	—	3,600 <sup>14</sup>	70A	—	X	11 mos.	25.80	—	72.00	
Tennessee . . . . .	X	S-I	2,500	—	4,000	70A	—	X	6 mos.	1	—	1	
Texas . . . . .	X	I	—	—	—	70A	—	X	6 mos.	38.40	—	—	
Utah . . . . .	X	S-I	1,800 <sup>15</sup>	—	2,400 <sup>15</sup>	30Y	—	—	12 mos.	34.80	—	—	
Virginia													
Richmond . . . . .	X	S-I	2,500	—	4,000	60A	—	—	6 mos.	21.36	—	—	
Roanoke . . . . .	X	S	—	—	—	70A	—	—	12 mos.	1	—	—	
Washington													
Bremerton . . . . .	X	S	—	—	—	70A	—	X	6 mos.	41.40	—	81.00	
Seattle . . . . .	X	S-I	9,000	—	9,000	70A	—	X	6 mos.	41.40	—	81.00	
Walla Walla . . . . .	X	S-I	2,500	—	4,000	70A	—	X	6 mos.	45.00 <sup>2</sup>	—	138.00 <sup>2</sup>	
Wenatchee . . . . .	X	S	—	—	—	70A	—	X	6 mos.	48.00	90.00	90.00	
West Virginia													
Bluefield . . . . .	X	S-I	2,500	—	5,000	70A	3	—	9 mos.	1	—	1	
Charleston . . . . .	X	S-I	3,000	—	4,500	67A	3	—	9 mos.	1	—	1	
Clarksburg . . . . .	X	S-I	3,600	—	4,800	35Y	—	X	12 mos.	1	—	1	
Huntington . . . . .	X	S-I	4,000	—	6,000	70A	—	—	6 mos.	29.40	—	73.80	
Morgantown . . . . .	X	S-I	3,000	—	5,000	30A	—	—	6 mos.	1	—	1	
Parkersburg . . . . .	X	S-I	2,500	—	4,000	70A	—	X	6 mos.	1	—	1	
Wheeling . . . . .	X	S-I	3,500	—	4,500	67A	3	—	N.C.	38.40	—	76.80	

Table 4.—Blue Shield and Blue Cross surgical-medical nongroup initial enrollment contracts offered to older people during the fall of 1962 and up to January 28, 1963 (Continued)

Plans	Any cover- age avail- able	Service or in- demity benefits	Income limits for service benefits		In-hospital medical		Enrollment during open period with- out health statement	Waiting period for pre- existing conditions	Annual subscription rates:		
			Single person	Two persons	Days per year or admission	Initial days excluded from coverage			Single person	Two persons	Family
<b>A. Blue Shield (Continued)</b>											
Wisconsin											
Madison . . . . .	X	S-I	\$2,000	—	60A	—	X	9 mos.	1	—	1
Milwaukee . . . . .	X	S-I	2,500	—	70A	—	—	6 mos.	\$36.00	—	\$ 72.00
Wyoming . . . . .	X	S-I	2,500	—	70Y	—	X	6 mos.	1	—	1
<b>B. Blue Cross plans having surgical-medical coverage</b>											
California											
Los Angeles . . . . .	X	I	—	—	70A	—	X	6 mos.	1	—	1
Oakland . . . . .	X	I	—	—	70A	—	X	6 mos.	1	—	1
Idaho . . . . .	X	I	—	—	70Y	—	X	6 mos.	34.80	—	69.60
Louisiana											
Baton Rouge . . . . .	X	I	—	—	50Y	5	—	12 mos.	1	—	1
New Orleans . . . . .	X	S-I	2,500	—	70Y	—	X	6 mos.	48.00	—	96.00
Montana . . . . .	X	I	—	—	70A	—	X	6 mos.	1	—	1
Oregon . . . . .	X	I	—	—	70Y	—	X	6 mos.	1	—	1
Tennessee											
Memphis . . . . .	X	I	—	—	30Y	—	—	24 mos.	1	—	1
Washington-Alaska . . . . .	X <sup>16</sup>	I	—	—	70Y	—	X	12 mos.	1	—	1

LEGEND: A = Admission; Y = Year; N.C. = Not Covered.

<sup>1</sup>Only combined hospital-surgical-medical coverage offered at a single rate. See Table 6.

<sup>2</sup>For male subscriber, slightly higher rate for female subscribers.

<sup>3</sup>There are also net worth limits (\$25,000 single — \$40,000 family) for service benefits.

<sup>4</sup>Contract is available only to older persons with incomes under \$2,500 (single) and \$4,000 (family).

<sup>5</sup>The first 18 hours in the hospital are not covered.

<sup>6</sup>Plan does not offer nongroup initial enrollment coverage for persons 65 and over. Health Service, Inc.-Medical Indemnity of America has offered such coverage in the State.

<sup>7</sup>There are also net worth limits (\$20,000 single — \$30,000 family) for service benefits.

<sup>8</sup>In addition to this contract, which provides surgical coverage only, major medical and catastrophic illness riders are available.

<sup>9</sup>No specified number of days; plan pays for in-hospital medical care up to a maximum of \$300 per admission.

<sup>10</sup>For the first 3 days of in-hospital medical care, benefits are at one-half the scheduled allowances.

<sup>11</sup>In a few counties service benefits are available, but in most counties benefits are on an indemnity basis.

<sup>12</sup>Rate in Tulsa County; rates vary from county to county.

<sup>13</sup>Up to a maximum of \$402 per admission.

<sup>14</sup>Or a family net worth of \$20,000.

<sup>15</sup>There are also net worth limits (\$15,000 single — \$24,000 family) for service benefits.

<sup>16</sup>The hospital-surgical-medical plan is available only in Alaska.

Table 5.—Specified services covered in whole or in part by Blue Shield and Blue Cross surgical-medical nongroup initial enrollment contracts offered to older people during the fall of 1962 and up to January 28, 1963

Plans	Diagnostic X-ray		Radiation therapy*		Pathology or laboratory examinations**		Office and home visits	Visits in nursing homes
	Hospital outpatient	Office	Hospital outpatient	Office	Hospital outpatient	Office		
A. Blue Shield								
Alabama . . . . .	—	X <sup>1</sup>	—	X	—	—	—	—
Arizona . . . . .	X <sup>1</sup>	X <sup>1</sup>	X	X	—	—	—	X
Arkansas . . . . .	X <sup>1</sup>	X	X	X	—	—	—	X
California . . . . .	X <sup>1</sup>	X <sup>1</sup>	X	X	X	—	—	X
Colorado . . . . .	—	X	—	X	—	—	—	X
Connecticut . . . . .	X	X	X	X	—	—	—	X
Delaware . . . . .	X	X	X	X	—	—	—	X
Washington, D.C. . . . .	X	X	X	X	—	—	—	X
Florida . . . . .	X <sup>1</sup>	X <sup>1</sup>	—	—	—	—	—	—
Georgia . . . . .	—	—	—	—	—	—	—	—
Atlanta . . . . .	X <sup>1</sup>	X <sup>1</sup>	X	X	—	—	—	—
Columbus . . . . .	—	—	—	—	—	—	—	—
Savannah . . . . .	—	—	—	—	—	—	—	—
Hawaii . . . . .	X	X	—	—	—	—	X	X
Idaho . . . . .	X <sup>1</sup>	X <sup>1</sup>	X	X	—	—	—	X
Illinois . . . . .	—	—	—	—	—	—	—	—
Chicago . . . . .	X <sup>1</sup>	X <sup>1</sup>	X	X	—	—	—	X
Rockford . . . . .	X <sup>1</sup>	X <sup>1</sup>	X	X	—	—	—	X
Indiana . . . . .	—	X <sup>1</sup>	—	—	—	—	—	—
Iowa . . . . .	X <sup>1</sup>	X <sup>1</sup>	X	X	—	—	—	X
Kansas . . . . .	—	X	—	—	—	—	—	—
Kentucky . . . . .	X <sup>1</sup>	X <sup>1</sup>	X	X	X	—	—	X
Maryland . . . . .	X <sup>1</sup>	X <sup>1</sup>	X	X	—	—	—	—
Massachusetts . . . . .	X <sup>1</sup>	X <sup>1</sup>	X	X	—	—	—	—
Minnesota . . . . .	X <sup>1</sup>	X <sup>1</sup>	X	X	—	—	—	—
Mississippi . . . . .	—	—	—	—	—	—	—	—
Missouri . . . . .	—	—	—	—	—	—	—	—
Kansas City . . . . .	X <sup>1</sup>	X <sup>1</sup>	X	X	—	—	—	X
St. Louis . . . . .	X <sup>1</sup>	X <sup>1</sup>	X	X	—	—	—	X
Montana . . . . .	X <sup>1</sup>	X <sup>1</sup>	X	X	—	—	—	X
Nebraska . . . . .	X <sup>1</sup>	X <sup>1</sup>	X	X	—	—	—	X
New Hampshire-Vermont . . . . .	X <sup>1</sup>	X <sup>1</sup>	X	X	X	—	X	—
New Jersey . . . . .	X	X	X	X	—	—	—	X
New Mexico . . . . .	X	X	X	X	—	—	—	X
New York . . . . .	—	—	—	—	—	—	—	—
Albany . . . . .	X	X	—	—	—	—	—	X
Puffalo . . . . .	X <sup>1</sup>	X <sup>1</sup>	X	X	X	—	—	X
New York City . . . . .	—	—	—	—	—	—	—	—
Rochester . . . . .	—	—	—	—	—	—	—	—
Syracuse . . . . .	X	X	X	X	—	—	—	—
Utica . . . . .	X	X	X	X	—	—	—	—
North Carolina . . . . .	—	—	—	—	—	—	—	—
Chapel Hill . . . . .	X	X	X	X	—	—	—	X
Durham . . . . .	X	X	X	X	—	—	—	X
North Dakota . . . . .	X <sup>1</sup>	X <sup>1</sup>	—	—	—	—	—	X
Ohio . . . . .	—	—	—	—	—	—	—	—
Cleveland . . . . .	—	—	—	—	—	—	—	—
Columbus . . . . .	—	—	—	—	—	—	—	—
Oklahoma . . . . .	X <sup>1</sup>	X <sup>1</sup>	X	X	—	—	—	X
Oregon . . . . .	—	X <sup>1</sup>	—	—	—	—	—	X

Table 5.—Specified services covered in whole or in part by Blue Shield and Blue Cross surgical-medical nongroup initial enrollment contracts offered to older people during the fall of 1962 and up to January 28, 1963 (Continued)

Plans	Diagnostic X-ray		Radiation therapy*		Pathology or laboratory examinations**		Office and home visits	Visits in nursing homes
	Hospital outpatient	Office	Hospital outpatient	Office	Hospital outpatient	Office		
A. Blue Shield (Continued)								
Pennsylvania . . . . .	—	—	X	X	—	—	X	—
Rhode Island . . . . .	X	X	—	—	—	—	—	X
South Carolina . . . . .	X <sup>1</sup>	X <sup>1</sup>	X	X	—	—	—	—
South Dakota . . . . .	X <sup>1</sup>	X <sup>1</sup>	X	X	X	X	—	X
Tennessee . . . . .	X <sup>1</sup>	X <sup>1</sup>	X	X	—	—	—	X
Texas . . . . .	X <sup>1</sup>	X <sup>1</sup>	X	X	—	—	—	X
Utah . . . . .	X <sup>1</sup>	X <sup>1</sup>	X	X	—	—	—	—
Virginia . . . . .	—	—	—	—	—	—	—	—
Richmond . . . . .	X <sup>1</sup>	X <sup>1</sup>	X	X	X	X	—	—
Roanoke . . . . .	—	—	—	—	—	—	—	—
Washington . . . . .	—	—	—	—	—	—	—	—
Bremerton . . . . .	X <sup>1</sup>	X <sup>1</sup>	X	X	—	—	—	—
Seattle . . . . .	X <sup>1</sup>	X <sup>1</sup>	X	X	—	—	—	X
Walla Walla . . . . .	X <sup>1</sup>	X <sup>1</sup>	X	X	—	—	—	X
Wenatchee . . . . .	X <sup>1</sup>	X <sup>1</sup>	X	X	X	X	—	X
West Virginia . . . . .	—	—	—	—	—	—	—	—
Bluefield . . . . .	—	—	—	—	—	—	—	—
Charleston . . . . .	—	—	—	—	—	—	—	—
Clarksburg . . . . .	X <sup>1</sup>	—	X <sup>1</sup>	—	X <sup>1</sup>	—	—	—
Huntington . . . . .	—	—	—	X	—	—	—	—
Morgantown . . . . .	—	—	—	X	—	—	—	—
Parkersburg . . . . .	—	—	—	—	—	—	—	—
Wheeling . . . . .	X <sup>1</sup>	X <sup>1</sup>	X	X	—	—	—	—
Wisconsin . . . . .	—	—	—	—	—	—	—	—
Madison . . . . .	X <sup>1</sup>	X <sup>1</sup>	X	X	X <sup>1</sup>	X <sup>1</sup>	—	—
Milwaukee . . . . .	X <sup>1</sup>	X <sup>1</sup>	X <sup>1</sup>	X <sup>1</sup>	X <sup>1</sup>	X <sup>1</sup>	—	X
Wyoming . . . . .	X <sup>1</sup>	X <sup>1</sup>	X	X	X <sup>1</sup>	X <sup>1</sup>	—	X
B. Blue Cross plans having surgical-medical coverage								
California . . . . .	—	—	—	—	—	—	—	—
Los Angeles . . . . .	X <sup>1</sup>	X <sup>1</sup>	—	—	X <sup>1</sup>	X <sup>1</sup>	—	X
Oakland . . . . .	X <sup>1</sup>	X <sup>1</sup>	—	—	X <sup>1</sup>	X <sup>1</sup>	—	X
Idaho . . . . .	—	X <sup>1</sup>	X	X	—	—	—	X
Louisiana . . . . .	—	—	—	—	—	—	—	—
Baton Rouge . . . . .	—	—	—	—	—	—	—	—
New Orleans . . . . .	—	X <sup>1</sup>	X	X	—	—	—	X
Montana . . . . .	—	—	X <sup>1</sup>	—	X <sup>1</sup>	—	—	—
Oregon . . . . .	X <sup>1</sup>	X <sup>1</sup>	X	X	X <sup>1</sup>	X <sup>1</sup>	—	—
Tennessee . . . . .	—	—	—	—	—	—	—	—
Memphis . . . . .	X <sup>1</sup>	X <sup>1</sup>	X	X	—	—	—	—
Washington-Alaska . . . . .	—	—	—	—	—	—	—	X

\*In some plans is limited to X-ray therapy.

\*\*In some plans includes only microscopic and/or frozen section tissue examinations; in other plans includes all laboratory examinations. In some plans, this benefit is limited to cases involving surgery or hospital care within a specified period. Other plans do not have this qualification.

<sup>1</sup>Coverage limited to service required for an accidental injury or fracture case within specified period (usually 3 to 7 days) of the accident, or to cases involving surgery within a specified period.

Table 6.—Blue Cross and/or Blue Shield annual subscription rates for combined hospital-surgical-medical-nongroup initial enrollment coverage offered to older people during the fall of 1962 and up to January 28, 1963

Plans	Total annual subscription rate		Total annual subscription rate		Family
	Single person	Two persons	Single person	Two persons	
Alabama BC-BS	\$114.00	—	\$131.40	—	\$262.80
Arizona BC-BS	186.00	—	131.40	—	262.80
Arkansas BC-BS	148.80	—	165.60	—	331.20
California					
Los Angeles BC	189.60	379.20	168.00	—	—
Oakland BC	189.60	379.20	95.40	—	—
San Francisco BS	166.20	—	136.80	—	—
Colorado	160.20	—	90.00	—	—
Connecticut BC-BS	102.60 <sup>1</sup>	294.00	114.00	—	—
Delaware BC-BS	153.00	123.20	114.00	—	—
District of Columbia BC-BS	95.76	—	156.00	—	—
Florida BC-BS	182.40	361.20	86.40	—	188.40
Georgia					
Atlanta BC-BS	155.40	310.80	162.00	—	324.00
Columbus BC-BS	88.20	176.40	—	—	—
Savannah BC-BS	73.20	184.20	—	—	—
Hawaii BS	117.84	—	—	—	—
Idaho BC	172.20	344.40	—	—	—
Idaho BS	—	—	—	—	—
Illinois					
Chicago BC-BS	210.00	—	149.16	—	298.32
Rockford BC-BS <sup>2</sup>	210.00	—	172.92	—	345.84
Indiana BC-BS	139.56	—	168.96	—	337.92
Iowa					
Des Moines BC-BS	147.00	—	181.56	—	363.12
St. Louis BC-BS <sup>3</sup>	147.60	—	159.12	—	318.24
Kansas BC-BS	164.40	—	158.40	—	269.40
Kentucky BC-BS	134.40	—	138.00	—	276.00
Louisiana					
Baton Rouge BC	60.00	294.60	121.20	—	262.20
New Orleans BC	168.00	294.60	—	—	—
Maryland BC-BS	75.60	—	—	—	—
Massachusetts BC-BS	80.80	—	—	—	—
Minnesota BC-BS	185.40	—	—	—	—
Mississippi BC-BS	78.00	—	—	—	—
Missouri					
Kansas City BC-BS	168.00	—	150.00	—	300.00
St. Louis BC-BS	155.40	—	147.00	—	294.00
Montana					
Great Falls BC	175.80	—	112.80	—	—
Helena BS	—	—	—	—	—
Nebraska BC-BS	163.20	—	—	—	—
New Hampshire-Vermont BC-BS	116.40	206.40	—	—	—
New Jersey BC-BS	128.52	—	—	—	—
New Mexico BC-BS	192.60	—	—	—	—
New York					
Albany BC-BS	152.80	—	—	—	—
Buffalo BC-BS	207.00	—	—	—	—
New York BC-BS	165.60	—	—	—	—
Rochester BC-BS	125.40	—	—	—	—
Syracuse BC-BS	100.20	—	—	—	—
Utica BC-BS	128.00	—	—	—	—
Watertown BC-BS	128.00 <sup>4</sup>	—	—	—	—
North Carolina					
Chapel Hill BC-BS	—	—	—	—	—
Durham BC-BS	—	—	—	—	—
North Dakota BC-BS	—	—	—	—	—
Ohio					
Canton BC-BS <sup>5</sup>	—	—	—	—	—
Cincinnati BC-BS <sup>6</sup>	—	—	—	—	—
Cleveland BC-BS	—	—	—	—	—
Columbus BC-BS <sup>6</sup>	—	—	—	—	—
Lima BC-BS <sup>6</sup>	—	—	—	—	—
Toledo BC-BS <sup>6</sup>	—	—	—	—	—
Youngstown BC-BS <sup>6</sup>	—	—	—	—	—
Oklahoma BC-BS	—	—	—	—	—
Oregon					
Portland BC	—	—	—	—	—
Portland BS	—	—	—	—	—
Pennsylvania					
Allentown BC-BS <sup>7</sup>	—	—	—	—	—
Harrisburg BC-BS <sup>7</sup>	—	—	—	—	—
Philadelphia BC-BS <sup>7</sup>	—	—	—	—	—
Pittsburgh BC-BS <sup>7</sup>	—	—	—	—	—
Wilkes-Barre BC-BS <sup>7</sup>	—	—	—	—	—
Rhode Island BC-BS	—	—	—	—	—
South Carolina BC-BS	—	—	—	—	—
South Dakota BC-BS <sup>8</sup>	—	—	—	—	—
Tennessee					
Chattanooga BC-BS	—	—	—	—	—
Memphis BC	—	—	—	—	—
Texas BC-BS	—	—	—	—	—
Utah BC-BS	—	—	—	—	—
Virginia					
Lynchburg BC-BS <sup>9</sup>	—	—	—	—	—
Richmond BC-BS <sup>9</sup>	—	—	—	—	—
Roanoke BC-BS	—	—	—	—	—
Washington					
Bremerton BC-BS <sup>10</sup>	—	—	—	—	—
Seattle BC-BS <sup>10</sup>	—	—	—	—	—
Seattle BC-Alaska only	—	—	—	—	—
Walla Walla BC-BS <sup>10</sup>	—	—	—	—	—
Wenatchee BC-BS <sup>10</sup>	—	—	—	—	—
West Virginia					
Bluefield BC-BS	—	—	—	—	—
Charleston BC-BS	—	—	—	—	—
Clarksburg BS <sup>11</sup>	—	—	—	—	—
Huntington BC-BS <sup>12</sup>	—	—	—	—	—
Morgantown BS <sup>11</sup>	—	—	—	—	—
Parkersburg BC-BS	—	—	—	—	—
Wheeling BC-BS	—	—	—	—	—
Wisconsin					
Madison BS	—	—	—	—	—
Milwaukee BC-BS	—	—	—	—	—
Wyoming BC-BS	—	—	—	—	—

<sup>1</sup>Slightly higher rate for females.

<sup>2</sup>The plan is not affiliated with Blue Cross, and offers only surgical-medical coverage. See Table 4 for these rates.

<sup>3</sup>The Rockford Blue Shield plan and the Statewide (Chicago) Blue Cross plan.

<sup>4</sup>The Sioux City Blue Cross plan is affiliated with the Statewide (Des Moines) Blue Shield plan.

<sup>5</sup>The Watertown Blue Cross plan offers surgical-medical coverage through the Utica Blue Shield plan.

<sup>6</sup>The Blue Cross plans of Canton, Cincinnati, Columbus, Lima, Toledo, and Youngstown are affiliated with the Columbus Blue Shield plan.

<sup>7</sup>The Blue Cross plans of Allentown, Harrisburg, Philadelphia, Pittsburgh, and Wilkes-Barre are affiliated with the Statewide (Harrisburg) Blue Shield plan.

<sup>8</sup>The South Dakota Blue Shield plan is affiliated with the Blue Cross plan of Sioux City, Iowa.

<sup>9</sup>The Blue Cross plans of Lynchburg and Richmond are affiliated with the Richmond Blue Shield plan.

<sup>10</sup>None of the Blue Shield plans in the State are affiliated with the Washington (Seattle) Blue Cross plan; the rates shown represent the Blue Cross plan's charge for hospital coverage and the nonaffiliated Blue Shield plan's charge for surgical-medical coverage.

<sup>11</sup>The Blue Shield plan offers hospital coverage through a non Blue Cross corporation.

<sup>12</sup>The Huntington Blue Shield plan is affiliated with the Charleston (Huntington) Blue Cross plan.



Table 7.—Blue Cross and Blue Shield hospital nongroup initial enrollment contracts offered to older people prior to October 1, 1962

Plans	Any coverage available	Deductible	Days of hospital care provided for general illnesses	Room accommodations or allowances	Nursing home benefits	Visiting nurse benefits	Ancillary hospital benefits (full or limited)	Enrollment during open period with-out health statement	Waiting period for pre-existing conditions	Annual subscription rates	
										Single	Family
A. Blue Cross Plans											
Alabama . . . . .	X <sup>1</sup>	\$50A	70A	SP	—	—	Full	—	9 mos.	\$ 42.60	\$114.00
Arizona . . . . .	X	—	21A	SP	—	—	Ltd.	—	N.C.	66.60	132.20
Arkansas . . . . .	X	—	30A	\$10	—	—	Ltd.	—	N.C.	61.80	123.60
California											
Los Angeles . . . . .	X	\$50Y	30Y	80% of W	—	—	Ltd.	—	11 mos.	2	—
Oakland . . . . .	No	—	30Y	\$10	X	—	Full	—	11 mos.	66.00	—
Colorado . . . . .	X	—	30A	\$12	—	—	Full	X	—	57.00	110.64
Connecticut . . . . .	X	—	70A	\$16	X	—	Full	—	12 mos.	2	—
Delaware . . . . .	X	—	31A <sup>3</sup>	SP	—	—	Full	—	10 mos.	61.20	122.40
District of Columbia . . . . .	X	—	31A	\$12	—	—	Ltd.	—	N.C.	46.80	97.80
Florida . . . . .	X	—	30A	\$10	—	—	Ltd.	—	24 mos.	57.60	—
Georgia											
Atlanta . . . . .	No	—	30A	\$10	—	—	Ltd.	—	6 mos.	115.80	—
Columbus . . . . .	X	—	30A	SP	—	X	Full	X	12 mos.	80.64	138.72
Savannah . . . . .	No	—	30A	SP	—	—	Ltd.	—	6 mos.	39.60	—
Idaho . . . . .	No	—	30A	SP	—	—	Ltd.	—	11 mos.	60.60	—
Illinois . . . . .	X	4	30A	SP	—	—	Full	—	6 mos.	115.80	—
Indiana . . . . .	X	—	30Y <sup>5</sup>	\$12	—	X	Full	X	12 mos.	80.64	138.72
Iowa											
Des Moines . . . . .	X	4	30A	SP	—	—	Ltd.	—	6 mos.	39.60	—
Sioux City . . . . .	X	\$50A	30A	SP	—	—	Ltd.	—	11 mos.	60.60	—
Kansas . . . . .	No	—	30A	SP	—	—	Ltd.	—	6 mos.	39.60	—
Kentucky . . . . .	No	—	30A	\$8	—	—	Ltd.	—	N.C.	2	2
Louisiana											
Baton Rouge . . . . .	X <sup>7</sup>	—	30A	\$8	—	—	Ltd.	—	N.C.	2	2
New Orleans . . . . .	No	—	30A	SP	—	—	Ltd.	—	9 mos.	51.60	108.00
Maine . . . . .	No	—	30A	SP	—	—	Full	—	8 mos.	40.80	88.20
Maryland . . . . .	X	—	40A	\$12	—	—	Ltd.	—	6 mos.	62.76	—
Massachusetts . . . . .	X	—	30A	W	—	—	Full	X	N.C.	66.00	132.00
Michigan . . . . .	X	4	30A	\$8	—	—	Full	—	N.C.	66.00	132.00
Minnesota . . . . .	No	—	30A	\$8	—	—	Full	—	N.C.	66.00	132.00
Mississippi . . . . .	X	\$25A	30A	\$8	—	—	Full	—	N.C.	66.00	132.00
Missouri											
Kansas City . . . . .	X	—	70A	\$8	—	—	Ltd.	—	N.C.	57.00	94.80
St. Louis . . . . .	X	—	70A <sup>8</sup>	\$12	—	—	Ltd.	—	N.C.	70.80	119.40
Montana . . . . .	No	—	70A	\$12	X	—	Ltd.	X	6 mos.	94.80	189.60
Nebraska . . . . .	X	—	60A <sup>9</sup>	\$20	—	—	Ltd.	X	9 mos.	84.00	144.00
New Hampshire-Vermont . . . . .	X	—	120Y <sup>10</sup>	SP	—	—	Full	—	12 mos.	69.84	134.64
New Jersey . . . . .	X	—	120Y <sup>10</sup>	SP	—	—	Full	—	12 mos.	69.84	134.64
New Mexico . . . . .	No	—	120Y <sup>10</sup>	SP	—	—	Full	—	12 mos.	69.84	134.64

Table 7.—Blue Cross and Blue Shield hospital nongroup initial enrollment contracts offered to older people prior to October 1, 1962 (Continued)

Plans	Any coverage available	Deductible	Days of hospital care provided for general illnesses	Room accommodations or allowances	Nursing home benefits	Visiting nurse benefits	Ancillary hospital benefits (full or limited)	Enrollment during open period with-out health statement	Waiting period for pre-existing conditions	Annual subscription rates	
										Single	Family
<b>A. Blue Cross (Continued)</b>											
New York											
Albany	X	\$50A	70A	SP	—	—	Ltd.	X	11 mos.	\$ 70.40	—
Buffalo	No	—	—	—	—	—	—	—	—	—	—
Jamestown	No	—	—	—	—	—	—	—	—	—	—
New York City	X	—	21A <sup>11</sup>	SP	—	—	Full	—	11 mos.	129.60	—
Rochester	X	—	30A <sup>12</sup>	SP	X	X	Full	X	12 mos.	92.40	—
Syracuse	X	\$50A	70A	SP	—	—	Full	—	11 mos.	67.20	—
Utica	X	—	70A <sup>13</sup>	SP	—	—	Full	—	11 mos.	2	—
Watertown	X	—	30A <sup>14</sup>	SP	—	—	Full	—	12 mos.	96.00	—
North Carolina											
Chapel Hill	X	—	31A	\$8	—	—	Ltd.	—	24 mos.	66.00	—
Durham	X	—	31A	\$8	—	—	Ltd.	—	—	2	—
North Dakota	No <sup>15</sup>	—	—	—	—	—	—	—	—	—	—
Ohio											
Canton	X	\$25Y	30Y	SP or W	—	—	Full	X	—	66.00	108.00
Cincinnati	No	—	—	—	—	—	—	—	—	—	—
Cleveland	X	—	120A	SP	—	—	Full	X	—	82.80	165.60
Columbus	X	—	30Y	80% of SP	—	—	Ltd.	—	9 mos.	60.00	—
Lima	X	—	30Y	80% of SP	—	—	Ltd.	—	12 mos.	66.00	—
Toledo	X	—	70A	80% of SP	—	—	Ltd.	—	6 mos.	84.00	—
Youngstown	No	—	—	—	—	—	—	—	—	—	—
Oklahoma	X	—	30A	SP	—	—	Full	X	N.C.	36.00	81.60
Oregon	X	—	21Y	W	—	—	Ltd.	—	N.C.	2	2
Pennsylvania											
Allentown	X	4	21Y <sup>16</sup>	SP	—	X	Full	—	6 mos.	66.84	133.68
Harrisburg	X	4	30A	SP	—	X	Ltd.	—	6 mos.	84.00	—
Philadelphia	X	4	21A <sup>16</sup>	SP	—	X	Full	—	6 mos.	80.04	—
Pittsburgh	X	—	21A <sup>16</sup>	W	—	X	Full	X	6 mos.	89.40	—
Wilkes-Barre	X	4	21Y <sup>17</sup>	SP	—	X	Ltd.	—	N.C.	54.00	—
Rhode Island	X	—	75A	SP	—	—	Full	X	N.C.	124.20	195.60
South Carolina	X	\$50Y	70Y	\$8	—	—	Full	—	12 mos.	40.20	—
Tennessee											
Chattanooga	No	—	—	—	—	—	—	—	—	—	—
Memphis	No	—	—	—	—	—	—	—	—	—	—
Texas	No <sup>15</sup>	—	—	—	—	—	—	—	—	—	—
Utah	X	4	30Y	W	—	—	Full	X	11 mos.	63.00	—
Virginia											
Lynchburg	No	—	—	—	—	—	—	—	—	—	—
Richmond	X	4	60A	SP	—	—	Full	—	6 mos.	79.92	—
Roanoke	No	—	—	—	—	—	—	—	—	—	—
Washington	X	—	35Y	\$15	—	—	Ltd.	—	N.C.	2	—

Table 7.—Blue Cross and Blue Shield hospital nongroup initial enrollment contracts offered to older people prior to October 1, 1962 (Continued)

Plans	Any cover- age avail- able	Deductible	Days of hospital care provided for general illnesses	Room accommoda- tions or allowances	Nursing home benefits	Visiting nurse benefits	Ancillary hospital benefits (full or limited)	Enrollment during open period with- out health statement	Waiting period for pre- existing conditions	Annual subscription rates	
										Single	Family
A. Blue Cross (Continued)											
West Virginia											
Bluefield . . . . .	No						Ltd.	—	N.C.	\$ 60.00	\$132.00
Charleston . . . . .	No						Full	—	11 mos.	2	—
Parkersburg . . . . .	No										
Wheeling . . . . .	No										
Wisconsin . . . . .	X <sup>1</sup>	—	31A	SP	—	—					
Wyoming . . . . .	X	—	30Y	\$10	X	—					
Puerto Rico . . . . .	No										
B. Blue Shield Plans											
California . . . . .	X	—	31A	SP	—	—	Ltd.	—	6 mos.	2	2
Hawaii . . . . .	X	—	50Y <sup>1b</sup>	\$15	—	—	Ltd.	—	12 mos.	2	2
Idaho . . . . .	X	—	35Y	\$15	—	—	Full	—	12 mos.	2	2
Montana . . . . .	X	—	120Y	\$12	—	—	Ltd.	—	—	2	2
Washington											
Bremerton . . . . .	X	—	31A	\$15	—	—	Ltd.	—	—	2	2
Seattle . . . . .	X	—	30Y	\$15	—	—	Ltd.	—	10 mos.	2	2
Wisconsin											
Madison . . . . .	X	—	60A	\$10	X	—	Ltd.	—	9 mos.	2	2

LEGEND: A = Admission; Y = Year; L = Life; SP = Semi-private; W = Ward; P = Private; N.C. = Not Covered.

<sup>1</sup>Available only to persons under 70.

<sup>2</sup>Combined hospital-surgical-medical rate. See Table 9.

<sup>3</sup>Plus 180 days at \$10 per day.

<sup>4</sup>The following plans have nonflat rate cash deductibles: (a) Illinois, \$5 or \$3 per day, depending upon county; (b) Des Moines, Iowa, \$25 first day, plus \$3 per day thereafter for each separate hospital admission; (c) Michigan, first \$25 or 20 percent of the first \$500, whichever is greater; (d) Allentown, Pennsylvania, \$5 per day up to 15 days per year; (e) Harrisburg, Pennsylvania, same as Allentown; (f) Philadelphia, Pennsylvania, same as Allentown; (g) Wilkes-Barre, Pennsylvania, same as Allentown; (h) Utah, \$25 per admission if charges are less than \$125, 20 percent of charges if in excess of \$125; (i) Richmond, Virginia, \$50 per admission or \$4 per day, whichever is greater.

<sup>5</sup>Plus 30 days at one-half benefits.

<sup>6</sup>Rates for subscribers in South Dakota are slightly higher.

<sup>7</sup>Available only to persons under 75.

<sup>8</sup>Plus 180 days at \$3 per day.

<sup>9</sup>Plus 60 days at one-half benefits.

<sup>10</sup>Plus 245 days at \$5 per day.

<sup>11</sup>Plus 180 days at one-half benefits.

<sup>12</sup>Plus 118 days at \$10 per day.

<sup>13</sup>Plus 80 days at \$5 per day.

<sup>14</sup>Plus 90 days at \$10 per day.

<sup>15</sup>Plan had offered nongroup initial enrollment coverage to older persons in 1959, but had not offered such coverage since that time.

<sup>16</sup>Three extra days of care for each succeeding year of membership in the plan; 30 days in fourth year of membership and thereafter.

<sup>17</sup>Twenty-five days, second year of membership in plan, 31 days during the third year, up to a maximum of 37 days after the fifth year of membership.

<sup>18</sup>Plus 70 days at \$7.50 per day.







Table 8.—Blue Shield and Blue Cross surgical-medical nongroup initial enrollment contracts offered to older people prior to October 1, 1962 (Continued)

Plans	Any coverage	Service or indemnity	Income limits for service benefits		In-hospital medical care: days per year or admission	Enrollment during open period without health statement	Waiting period for pre-existing conditions	Annual subscription rates	
			Single	Family				Single	Family
<b>A. Blue Shield (Continued)</b>									
West Virginia									
Bluefield. . . . .	No								
Charleston. . . . .	No								
Clarksburg. . . . .	X	S-I	\$3,600	\$4,800	35Y	—	—	\$22.80	\$ 50.40
Huntington. . . . .	No								
Morgantown. . . . .	No								
Parkersburg. . . . .	No								
Wheeling. . . . .	No								
Wisconsin									
Madison. . . . .	X	S-I	2,000	3,600	60A	—	9 mos.	2	2
Milwaukee. . . . .	X	S-I	2,500	4,000	70A	—	6 mos.	36.00	72.00
Wyoming. . . . .	X	S-I	3,000 <sup>7</sup>	3,000 <sup>7</sup>	30Y	—	11 mos.	2	—
Puerto Rico. . . . .	No								
<b>B. Blue Cross Plans</b>									
California									
Los Angeles. . . . .	X	I	—	—	30Y	—	11 mos.	2	—
Louisiana									
Baton Rouge. . . . .	X	I	—	—	24Y	—	N.C.	2	2
Oregon. . . . .	X	I	—	—	21Y	—	N.C.	2	—
Washington. . . . .	X	I	—	—	35Y	—	N.C.	2	—

LEGEND: A = Admission; Y = Year; N.C. = Not Covered.

<sup>1</sup>Available only to persons under 70.

<sup>2</sup>Combined hospital-surgical-medical rate. See Table 9.

<sup>3</sup>No specific day limit; plan pays up to specified maximums for each confinement.

<sup>4</sup>There are also net worth limits (\$15,000 single — \$20,000 family) for service benefits.

<sup>5</sup>There are also net worth limits (\$20,000 single — \$30,000 family) for service benefits.

<sup>6</sup>There are also net worth limits (\$15,000 single — \$25,000 family) for service benefits. Coverage not available to persons whose income and/or net worth exceeds these limits.

<sup>7</sup>There are also net worth limits (\$20,000 single or family) for service benefits.

<sup>8</sup>There are also net worth limits (\$12,000 single — \$24,000 family) for service benefits.

<sup>9</sup>Rates vary somewhat from county to county.

<sup>10</sup>Up to a maximum of \$402 per admission.

<sup>11</sup>There are also net worth limits (\$15,000 single — \$24,000 family) for service benefits.

Table 9.—Blue Cross and/or Blue Shield annual subscription rates for combined hospital-surgical-medical nongroup initial enrollment coverage offered to older people prior to October 1, 1962

Plans	Annual subscription rates		Plans	Annual subscription rates	
	Single	Family*		Single	Family*
Alabama BC-BS	\$ 62.40	\$186.40	New York City BC-BS	\$171.00	—
Arizona BC-BS	98.40	195.80	Rochester BC-BS	126.00	—
Arkansas BC-BS	75.60	151.20	Syracuse BC-BS	100.20	—
California			Utica BC-BS	128.00	—
Los Angeles BC	105.00	—	Watertown BC-BS <sup>4</sup>	128.00	—
San Francisco BS	96.32	—	North Carolina		
Colorado BC-BS	113.40	—	Chapel Hill BC-BS	90.00	—
Connecticut BC-BS	78.00	—	Durham BC-BS	72.00	—
Delaware BC-BS	123.96	—	North Dakota BS	<sup>3</sup>	—
District of Columbia BC-BS	95.76	223.20	Ohio		
Florida BC-BS	65.60	140.20	Canton BC-BS <sup>5</sup>	96.00	—
Georgia			Cleveland BC-BS	114.10	\$243.60
Columbus BC-BS	88.20	—	Columbus BC-BS <sup>5</sup>	90.00	—
Hawaii BS	117.84	—	Lima BC-BS	96.00	—
Idaho BS	96.00	—	Toledo BC-BS	114.00	—
Illinois			Oklahoma BC-BS	52.80	116.40
Chicago BC-BS	135.60	—	Oregon BC	106.80	—
Rockford BC-BS <sup>1</sup>	147.00	—	Pennsylvania		
Indiana BC-BS	108.60	208.20	Allentown BC-BS <sup>6</sup>	110.76	221.52
Iowa			Harrisburg BC-BS <sup>6</sup>	127.92	—
Des Moines BC-BS	76.20	—	Philadelphia BC-BS <sup>6</sup>	123.96	—
St. Louis BC-BS <sup>2</sup>	97.20	—	Pittsburgh BC-BS	133.32	—
Kentucky BS	<sup>3</sup>	—	Wilkes-Barre BC-BS	97.92	—
Louisiana			Rhode Island BC-BS	158.40	269.40
Baton Rouge BC	69.60	166.80	South Carolina BC-BS	69.60	—
Maryland BC-BS	70.80	168.00	South Dakota BC-BS <sup>7</sup>	86.40	—
Massachusetts BC-BS	66.40	152.20	Texas BS	<sup>3</sup>	—
Michigan BC-BS	101.64	—	Utah BC-BS	97.80	—
Minnesota BS	<sup>3</sup>	—	Virginia		
Mississippi BC-BS	78.00	156.00	Richmond BC-BS	101.28	—
Missouri			Washington		
Kansas City BC-BS	105.00	190.80	Bremerton BS	72.00	—
St. Louis BC-BS	108.00	190.80	Seattle BC	102.00	—
Montana BS	129.12	212.16	Seattle BS	102.00	—
Nebraska BC-BS	122.40	—	West Virginia		
New Hampshire-Vermont BC-BS	102.00	196.80	Clarksburg BS	<sup>3</sup>	3
New Jersey BC-BS	91.20	219.96	Wisconsin		
New York			Madison BS	108.00	—
Albany BC-BS	106.40	—	Milwaukee BC-BS	96.00	204.00
Buffalo BS	<sup>3</sup>	—	Wyoming BC-BS	90.00	—

\*The absence of a family rate in this column does not necessarily mean that the plan does not have a family rate; in some instances the rate was simply not available for both the Blue Cross plan and its paired Blue Shield offering.

<sup>1</sup>The Rockford Blue Shield plan is affiliated with the Statewide (Chicago) Blue Cross plan.

<sup>2</sup>The Sioux City Blue Cross plan is affiliated with the Statewide (Des Moines) Blue Shield plan.

<sup>3</sup>Only surgical-medical coverage available; the paired Blue Cross plan does not offer nongroup coverage to older people. See Table 8 for surgical-medical rate.

<sup>4</sup>The Watertown Blue Cross plan is affiliated with the Utica Blue Shield plan.

<sup>5</sup>The Blue Cross plans of Canton, Columbus, Lima, and Toledo are affiliated with the Columbus Blue Shield plan.

<sup>6</sup>The Statewide Blue Shield plan (Harrisburg) is affiliated with the Blue Cross plans of Allentown, Harrisburg, Philadelphia, Pittsburgh, and Wilkes-Barre.

<sup>7</sup>The South Dakota Blue Shield plan is affiliated with the Sioux City, Iowa Blue Cross plan.



